DLN: 93493109002456

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

ightharpoonup Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047 **201**

Open to Public Inspection

A Fo	r the 2	2014 ca	al <u>endar year, or tax year beginnin</u>	g 10-01-2014 , and ending 09-30-2	015			
B Che	ck if ap	plicable	C Name of organization NEWARK PUBLIC RADIO INC			D Empl	oyer iden	tification number
☐ Add	ress ch	ange				22-2	137728	i e
┌ Nar	ne char	nge	% GEM TULLOCK Doing business as					
┌ Init	ıal retur	m				F Telent	none numb	ner
Final retu		nınated	E4 DADIC DIACE	nail is not delivered to street address) Room	/suite) 624-8	
	ended r	eturn pending	NEWARK. NJ 07102	ntry, and ZIP or foreign postal code		G Gross	receipts \$	6,678,401
,			F Name and address of pri	ncinal officer	11/2) 7			•
			AMY GLADSTEIN	ncipal officer		s this a grou ubordinates?		TYes V No
			54 PARK PLACE NEWARK, NJ 07102					
			NEWARK, NJ 07102			re all subord ncluded?	linates	│ Yes │ No
I Ta:	k-exem	pt statu	is	(insert no) 4947(a)(1) or 527			h a list ((see instructions)
1 W	ehsite	· b - \//	/WW WBGO ORG		一、	Croup avamn	tion num	ahar k
					1	Group exemp		
			on Corporation Trust Association	on Other 🕨	L Year	of formation 1	976 M	State of legal domicile NJ
Ра	rt I		mmary					
Governance	٧	WBGO	describe the organization's mission is A PUBLICLY SUPPORTED CUIDE audience through radio at 88	JLTURAL INSTITUTION THAT CHA	AMPIONS JA	AZZ, an Ame	rıcan art	form, and news to a
Ë	_							
Ã Q	2 (Check	this box 🔰 if the organization di	scontinued its operations or dispose	d of more th	an 25% of it	s net as:	sets
	3 1	Jumba	er of voting members of the govern	ning body (Part VI, line 1a)			3	16
Activities &				of the governing body (Part VI, line			4	16
Ĕ				calendar year 2014 (Part V, line 2a			5	66
۲ <u>۲</u>				necessary)			6	326
	7 a ⊺	otal u	inrelated business revenue from P	art VIII, column (C), line 12			7a	0
	Ь١	let uni	related business taxable income f	from Form 990-T, line 34			7b	
						Prior Year		Current Year
_	8	Cont	rıbutıons and grants (Part VIII, lı	ne 1 h)		4,178	,511	4,030,292
an Lie	9	Prog	ram service revenue (Part VIII, I	ıne 2g)		722	,205	673,777
Revenue	10			n (A), lines 3, 4, and 7d)			,611	10,177
-	11		, , , , , , , , , , , , , , , , , , , ,	lines 5, 6d, 8c, 9c, 10c, and 11e)		8	,173	12,910
	12		_	(must equal Part VIII, column (A),	line	4,914	,500	4,727,156
	13			IX, column (A), lines 1–3)			0	0
	14	Bene	efits paid to or for members (Part 1	IX, column (A), line 4)			0	0
	15			ee benefits (Part IX, column (A), line	:S	3,104	,415	3,044,897
Ехрепзез	16a	5-10	•	, column (A), line 11e)			0	0
<u>₹</u>			fundraising expenses (Part IX, column (D		•			
五	b				-			
	17			lines 11a-11d, 11f-24e)		2,066		1,893,091
	18 19		·	st equal Part IX, column (A), line 25 18 from line 12		5,170 -256		4,937,988
Net Assets or Fund Balances		Neve	inde less expenses Subtract me	10 110111 11111 2		nning of Curro		End of Year
SS ext	20	Tota	lassets (Part X, line 16)			5,329	,218	4,938,105
A B	21					501	,261	325,037
žĒ.	22	Neta	assets or fund balances Subtract	line 21 from line 20		4,827	,957	4,613,068
Pai	t II	Sig	nature Block					
my kr	nowled rer ha	s any		amined this return, including accompublic properties of the mplete. Declaration of preparer (othe				
			pe or print name and title					
		' <u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	F10
Paid	t	}	Joyce Mayeresky Firm's name WithumSmithBrown Po	Joyce Mayeresky		self-employed	P00024	210
Pre	pare	r		_				
	Onl		Firm's address 🟲 1 SPRING STREET			Phone no (73	2) 828-16	14

NEW BRUNSWICK, NJ 08901

✓ Yes ☐ No

Part	****	Statement of Program S Check if Schedule O contains			tIII				<u>آ</u> .
1	Briefl	y describe the organization's mi	ssion						
AMERINCL NJAN ASTI NPR, INVO PRES AND	RICAN UDIN ND JAZ HE PR WBGO UVEM ENTA BEEN	JBLIC RADIO, INC ("WBGO") ART FORM, AND NEWS TO A GITS WEBSITE AT WBGO ORG Z COMMUNITIES AND IS TH DDUCER OF NATIONAL PROG IS A LEADER IN PUBLIC RAD ENT, WELL-RESPECTED AND TON OF JAZZ WBGO HAS REG DESIGNATED BY THAT ORGA R OF THE JAZZ FLAME FOR LI	WORLDWIDE AUDIE FOUNDED IN 1979 ONLY FULL TIME T RAMMING IN PARTI O BECAUSE OF IT: CREDENTIALED STA EIVED THE NEW JE NIZATION AS A "MA	NCE THROUGH RA D, WBGO CONTINU Terrestrial BROADO NERSHIP WITH NA S GROUNDBREAK NFF, RADIO PROD RSEY STATE COU	ADIO AT 88 3 JES TO GROW CASTER OF JA ATIONAL PUB ING WORK IN UCTION, AWA NCIL ON THE	FM AND OTHE ITS REACH IN ZZ IN THE NY, LIC RADIO and COMMUNITY ARD-WINNING ART'S CERTIF	ER TECHNOL ITO BOTH TI INJ METRO A I others AN A AND VOLUN NEWS AND T ICATE OF E	OGIES HE NEWA REA AS AFFILIAT TEER THE KCELLEN	WELL TE OF
2	the pr	e organization undertake any si ior Form 990 or 990-EZ? . s," describe these new services			ar which were	not listed on	. Г Y	es 🔽 No	•
3	servi	e organization cease conductin		-	conducts, any	program · · · · ·	. Г Y	es √ No	•
4	Descr expen	s," describe these changes on S tibe the organization's program s ses Section 501(c)(3) and 501 tal expenses, and revenue, if an	ervice accomplishme .(c)(4) organizations	are required to rep					
4a	sıgnıfı) (Expenses \$ ivities and expenses relate to operating cant portions of the tri-state, metro-ar ns its broadcast signal digitally via the	J New Jersey's largest NPF ea with educational, inform	national, and jazz progi			O's broadcast sig		
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)	
4 c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)	
	0+6	r program comuses (December ::	· Cabadula O .						
4u		r program services (Describe ir enses \$	i Schedule O) including grants of s	\$) (Reven	ue \$)		
4e	Tota	l program service expenses 🕨	3,323,750						

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f E}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
8.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No
U	complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3	0	1.03	1,40
		5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
h	If "Yes," enter the name of the foreign country			
ט	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	E-		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	° 7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	<u> </u>		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
;				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states In which the organization is licensed to issue qualified health plans.			
_	In which the organization is licensed to issue qualified health plans	_		
-	Did the organization receive any payments for indoor tanning services during the tax year?	_ 14a	1	l I N
حا				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a re	enonea or	note to any	line in th	ic Part \/T									
Check if Schedule O	contains are	sponse or	note to any	iiiie iii tii	is rait vi			•	•	•		•	•	.,, ~

Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor			3		No
4	Did the organization make any significant changes to its governing documents since filed?		·	4		No
5	Did the organization become aware during the year of a significant diversion of the or	aanız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?	l by) r	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actic year by the following					
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not i			evenu	ıe Cod	e.)
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?	y inte	rests that could give	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	rsım •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to safeguard the	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶NJ, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 - ►GEM TULLOCK
 - 54 PARK PLACE
 - Newark, NJ 07102 (973)624-8880

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h an or/tr	chenice compensated	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Brenda Feliciano	1 0	×						0	0	0
Trustee	0 0									
(2) Dorothy Robinson	1 0	x						0	0	0
Trustee	0 0									
(3) Christopher Allegaert	1 0	x		х				0	0	0
VICE CHAIR	0 0	^		^				Ŭ	Ŭ	
(4) Stephen Ifshin	1 0	x		х				0	0	0
Chair	0 0	^		^				0	0	U
(5) Albert DeLeon	1 0	.,								
TRUSTEE	0 0	X						0	0	0
(6) Alan Holtz	1 0									
TRUSTEE	0 0	X						0	0	0
(7) Steven Kamen	1 0									
TRUSTEE	0 0	X						0	0	0
(8) Henry Mauermeyer	10									
Treasurer	0 0	Х		Х				0	0	0
(9) Timothy L Porter	1 0									_
TRUSTEE	0 0	Х						0	0	0
(10) Milvia Burns	10				\vdash	\vdash	\dashv			
		х						0	0	0
TRUSTEE (11) Gregory Floyd	10									
		х						0	0	0
Trustee (12) D Nicholas Miceli	10				_		-			
(12) D NICIOIAS MICEII		х		Х				0	0	0
Secretary (42) Stevens Edwards	0.0									_
(13) Steven Edwards	1 0	х						0	0	0
Trustee (14) Market Cohorff	0.0									
(14) Michael Ostroff	1 0	x						0	0	0
TRUSTEE	0 0								_	_
										Form 990 (2014)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h a:	check x, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) Jonathan Otto	1 0	х						0	0	C
(16) Robert DeFillippo Trustee	1 0	х						0	0	C
(17) Amy Gladstein President & CEO	40 0			х				138,470	0	6,728
(18) Gem Tullock VP Finance & Admin	40 0			х				81,160	0	8,063
(19) David Tallacksen VP Operations & Engineering	40 0			х				74,841	0	17,909

1b	Sub-Total	-			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	۰	294,471	0	32,700

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	з		Νo			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4		Νo			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		·				
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo			

- ::	_				
Section	ĸ	Independ	ent	Contra	actors.

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

	Check if Schedule O contains a res	ponse or note to any lin		· · · · ·		<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
yı 1a	Federated campaigns	1a				
Ӗ ь	Membership dues	1b				
and Other Similar Amounts	Fundraising events	1c 315,980				
ā `						
를 d	Related organizations	1d				
Ē e	Government grants (contributions)	1e 752,395				
2 f	All other contributions, gifts, grants, and	1f 2,961,917		i		İ
<u> </u>	similar amounts not included above			ļ		ļ
5 g	Noncash contributions included in lines 1a-1f \$	29,223				
<u>е</u> ь	Total. Add lines 1a-1f		4,030,292			
, o		Business Code				
2a	UNDERWRITING REVENUE		662 777	662 777		
		515100	663,777	663,777		<u> </u>
b	FEE FOR SERVICE	515100	10,000	10,000		
c						
d						
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f		673,777			
3	Investment income (including divid		313,111			
	and other similar amounts)		9,651			9,6
4	Income from investment of tax-exempt bo	nd proceeds	0			
5	Royalties		0			
	(ı) Real	(II) Personal				
6a						
Ь	Less rental expenses					
c	Rental income 0	0				
d	or (loss) Net rental income or (loss)		0			
	(ı) Securities	(II) O ther				
7a						
ь	than inventory Less cost or other basis and 1,625,127					
c	sales expenses Gain or (loss) 526	+				
ď	Net gain or (loss)		526			5
8a						
		a 326,118				
Ь		b 326,118				
C	Net income or (loss) from fundraisi		0			
9a	Gross income from gaming activitie See Part IV, line 19	a a				
Ь	Less direct expenses	b				
	Net income or (loss) from gaming a		0			
10a		<u> </u>				
	returns and allowances .					
	•					
Ь		b				
С	Net income or (loss) from sales of i	nventory .	0			
	Miscellaneous Revenue	Business Code				
11a	PREMIUM SALES	515100	3,389	3,389		
ь	MISCELLANEOUS	515100	9,521	9,521		
С						
d	All other revenue					
ı	Total. Add lines 11a-11d	🕨				1
e	Iotal. Add lilles IIa-IId		12,910			

Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	352,284	19,613	261,343	71,328
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,193,684	1,588,125	170,922	434,637
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,639	22,816	115	4,708
9	Other employee benefits	258,799	152,882	20,546	85,371
10	Payroll taxes	212,491	139,504	31,651	41,336
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	24,675	0	24,675	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	264,596	249,293	7,077	8,226
12	Advertising and promotion	387,796	387,696	100	0
13	Office expenses	279,256	112,709	11,390	155,157
14	Information technology	44,782	39,086	5,696	0
15	Royalties	0			
16	Occupancy	281,712	227,339	35,210	19,163
17	Travel	37,793	29,209	4,057	4,527
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,132	0	1,132	0
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	158,333	84,895	27,132	46,306
23	Insurance	55,104	38,385	7,002	9,717
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ARTIST FEES	93,342	93,342	0	0
b	PREMIUMS	146,023	49,366	0	96,657
C	AUDIENCE RESEARCH	50,590	50,590	0	0
d	DUES AND SUBSCRIPTIONS	26,874	15,281	2,020	9,573
e	All other expenses	41,083	23,619	15,058	2,406
25	Total functional expenses. Add lines 1 through 24e	4,937,988	3,323,750	625,126	989,112
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
					rm 990 (2014)

Part X Balance Sheet

Pal	rt X	Check if Schedule O contains a response or note to any line in t	this Part X				· · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,675		12,936
	2	Savings and temporary cash investments			1,355,488	2	1,160,829
	3	Pledges and grants receivable, net			554,233	3	378,233
	4	Accounts receivable, net			110,803	4	107,919
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	lirectors, trus art II of		0	5	0
s	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elements of the part II of Schedule	contributing of mployees' be	employers	0		0
Assets	7	Notes and loans receivable, net			0		
4	8	Inventories for sale or use			0	-	
	9	Prepaid expenses and deferred charges			17,022		74,311
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	4,915,107			,
	Ь	Less accumulated depreciation	10b	3,273,088	1,740,713	10c	1,642,019
	11	Investments—publicly traded securities			13,386		38,783
	12	Investments—other securities See Part IV, line 11			1,520,920	12	1,523,075
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			3,978	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		_	5,329,218		4,938,105
	17	Accounts payable and accrued expenses			216,713	17	171,005
	18	Grants payable			0	18	0
	19	Deferred revenue			67,696	19	76,918
	20	Tax-exempt bond liabilities			180,078	20	41,732
φ.	21	Escrow or custodial account liability Complete Part IV of Sch			0	21	0
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, trustees				
ар		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	s		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D		36,774		35,382	
	26	Total liabilities. Add lines 17 through 25			501,261	26	325,037
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	☑ and compl	ete			
an	27	Unrestricted net assets			3,344,444	27	3,178,790
ũ	28	Temporarily restricted net assets			604,514	28	555,279
Ξ	29	Permanently restricted net assets			878,999	29	878,999
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ► ┌ and	i			
ري ن	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net S	33	Total net assets or fund balances			4,827,957	33	4,613,068
~	34	Total liabilities and net assets/fund balances			5,329,218	34	4,938,105
							orm 000 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,7	727,156
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			210,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			327,957
5	Net unrealized gains (losses) on investments	5		'''	-4,057
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,6	513,068
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule ${\sf O}$	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		he organization					Employer identific	ation number
NEWA	ARK PUE	BLIC RADIO INC					22-2137728	
Рa	rt I	Reason for Publi	ic Charity S	Status (All organiza	itions must co	mnlete this		
		zation is not a private f						51151
1		A church, convention		•	= -	•	•	
2	Ė	A school described in					-7(-7(-7(-7-	
3	Ė	A hospital or a cooper				tion 170(b)(1)(A)(iii).	
4	Ė	A medical research or		-				i). Enter the
_	_	hospital's name, city,	and state					
5	ı	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in
_	_	section 170(b)(1)(A)						
6	<u> </u>	A federal, state, or loc						
7	굣	An organization that n	•	•	• •	om a governm	ental unit or from the q	general public
8	Г	described in section 1 A community trust de				+ 11)		
9	Ė	An organization that n					ibutions, membership	fees, and gross
-	,	receipts from activitie						
		its support from gross						
		acquired by the organ				•	•	
10	Г	An organization organ		·		•	•	
11	Ė	An organization organ	•	•	•	•		out the purposes of
	•	one or more publicly s						
	_	the box in lines 11a th						
а	ı	Type I. A supporting of						
		supported organizatio organization You mus				ty of the direct	ors or trustees or the	Supporting
b	Γ	Type II. A supporting				with its suppo	orted organization(s),	by having control or
		management of the su			same persons t	hat control or	manage the supported	organization(s) You
_	_	must complete Part I	•					
С	ı	Type III functionally supported organizatio	_		•			grated with, its
d	Γ	Type III non-function						janization(s) that is
		not functionally integr					ement and an attentiv	eness requirement
	_	(see instructions) Yo						
е	ı	Check this box if the or integrated, or Type II					is a Type I, Type II, T	ype III functionally
f		Enter the number of s						
g		Provide the following i						
_		-			. ,			
	(i)N	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organızatıon		organization	listed in your		monetary support	other support (see
				(described on lines	docume	ent?	(see instructions)	ınstructions)
				1-9 above or IRC section (see				
				instructions))		Г	1	
				<u>"</u>	Yes	No		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	Part III. If the organiza	ation rails to qu	ally under the	iesis listea belo	w, piease com	piete Part II.	L.)		
Section A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the	4,610,888	4,179,590	4,573,834	4,178,511	4,030,2	92 21,573,115		
	organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	4,610,888	4,179,590	4,573,834	4,178,511	4,030,2	92 21,573,115		
5	The portion of total contributions by each person (other than a governmental unit or publicly								
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						252,583		
6	Public support. Subtract line 5						21,320,532		
	from line 4 ection B. Total Support								
	endar year (or fiscal year				40.5545				
	beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	A mounts from line 4	4,610,888	4,179,590	4,573,834	4,178,511	4,030,29	92 21,573,115		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	12,206	12,541	8,109	5,236	9,6	51 47,743		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0		
11	Total support Add lines 7 through 10					,	21,620,858		
12	Gross receipts from related activiti	,	•			12	3,669,491		
13	organization, check this box and stop here								
14	ection C. Computation of Pul Public support percentage for 2014			11 column (f))		14	00.611.0/		
15	Public support percentage for 2013	•		11, 001411111 (1))		14	98 611 %		
		•	•	an line 12 and li	.ma 1.4 .a 2.2 1/20/	15	98 373 %		
b	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □								
	10%-facts-and-circumstances test is 10% or more, and if the organization medorganization medorganization	tion meets the "faets the "faets the "facts-and	acts-and-circums d-circumstances"	tances" test, che test The organız	ck this box and s ation qualifies as	top here. Expl a publicly sup	oported ▶┌		
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organiza Explain in Part VI how the organiza	nızatıon meets the	e "facts-and-cırcı	ımstances" test,	check this box ar	nd stop here.	olicly		
18	supported organization Private foundation. If the organizatinstructions	tion did not check	a box on line 13,	. 16a, 16b, 17a, o	or 17b, check this	box and see	►□ ►□		

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
	1	
	2	
	3	
	4	
	5	
	6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493109002456

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	e of the organization RK PUBLIC RADIO INC		Employer identification number	
Pari	I Organizations Maintaining Donor Adv	ised Funds or Other Similar F	22-2137728 Funds or Accounts. Complete if the	
	organization answered "Yes" to Form 990,	Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
. Т	otal number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
. Α	Aggregate value at end of year			
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes				
ι	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?			
	Conservation Easements. Complete if	the organization answered "Yes"	to Form 990, Part IV, line 7.	
ן -	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation of Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	n historically important land area certified historic structure the form of a conservation	
(easement on the last day of the tax year			
	Total number of conservation easements		Held at the End of the Year	
_	Fotal acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histor	ric structure included in (a)	2c 2c	
_	Number of conservation easements included in (c) acqu	. ,		
	nistoric structure listed in the National Register		2d	
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminat	ed by the organization during	
t	the tax year ▶			
- 1	Number of states where property subject to conservation	on easement is located 🗠		
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	ne periodic monitoring, inspection, har	ndling of violations, and Yes No	
, ,	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ments during the year	
I	<u> </u>			
,	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easement	ts during the year	
I	+ \$			
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?) above satisfy the requirements of se	ction 170(h)(4)(B)(i)	
ŀ	In Part XIII, describe how the organization reports con calance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financia	·	
art	Organizations Maintaining Collections Complete if the organization answered "Ye		or Other Similar Assets.	
١ .	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reverse held for public exhibition, education,	, or research in furtherance of public	
b []]	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue is held for public exhibition, education,	statement and balance sheet	
((i) Revenue included in Form 990, Part VIII, line 1		▶ \$	
((ii) Assets included in Form 990, Part X		► \$	
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			
a _i	Revenue included in Form 990, Part VIII, line 1		► \$	
Ь	Assets included in Form 990, Part X		▶ \$	

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition	
Scholarly research C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Pror year (b)Pror year b (c)Ivin years back (e)Four years back (e)Four years and programs. C Net investment earnings, gains, and losses of Administrative expenses. G Other expenditures for facilities and programs. 3,444 3,039 6 Grants or scholarships. C Other expenditures for facilities and programs. 3,444 3,039 6 Other expenditures for facilities and programs. 8 Other expenditures for facilities and programs. 8 Administrative expenses. 9 End of year balance. 8 78,999	No No
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV. Bescrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XI, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance Id Additions during the year I be Is Beding balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	No No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	No No
Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	No No
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	No No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! II and complete the following table Is the organization the arrangement in Part XIII and complete the following table Amount	No No
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table	No ars back
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table Amount Ic	No ars back
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a)Current year (a)Current year (b)Pnor year (b)Pnor year (c) Net investment earnings, gains, and losses 3,444 3,039 d Grants or scholarships (b) Other expenditures for facilities and programs (c) Administrative expenses (d) Three years back (e)Four year (e) Other expenditures for facilities and programs (e) Other expenditures for facilities (f) Administrative expenses (g) End of year balance (h) Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) (b) Pnor year (b) (c) Two years back (d) Three years back (d) Three years back (e) Four year (e) Four year (f) Administrative expenses (g) End of year balance (h) Pnor year (h) Pnor yea	ars back
Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Tif "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	ars back
Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Tif "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	ars back
Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year years back (e)	ars back
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	ars back
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	ars back
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	ars back
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four year b ck (e)F	
1aBeginning of year balance(a)Current year(b)Pnor yearb (c)Two years back(d)Three years back(e)Four yearsbContributions878,999878,999856,141831,913cNet investment earnings, gains, and losses3,4443,0393,039dGrants or scholarships3,4443,0393,039eOther expenditures for facilities and programs3,4443,0393,039fAdministrative expenses878,999878,999878,999856,141gEnd of year balance878,999878,999878,999856,1412Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
Beginning of year balance	
b Contributions	831,913
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	0
d Grants or scholarships	
e Other expenditures for facilities and programs	
and programs	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
	831,913
B. Danid dan marked on market by	
a Board designated or quasi-endowment ▶	
b Permanent endowment ▶ 100 000 %	
c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by (i) unrelated organizations	No_
(ii) related organizations	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds	
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	Э
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	k value
1a Land	47,855
b Buildings	9,309
c Leasehold improvements	
d Equipment	,206,356
e Other	,206,356 367,335
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	367,335 11,164

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of enu-or-year market value
(2)Closely-held equity interests		
(3)Other (A) CERTIFICATES OF DEPOSIT	1,523,075	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,523,075	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	*	Port IV line 11 d. Con Form 000 Port V. line 15
(a) Descri		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. Complete if the orga		Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	0	
DEFERRED RENT	35,382	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	35,382	

Раг		iswered 'Yes' to Form 990, Part IV, line 12a.	егк	eturn Complete II
1		ther support per audited financial statements	1	5,054,467
2	Amounts included on line 1	but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losse	s) on investments 2a -4,057		
b	Donated services and use of	of facilities		
c	Recoveries of prior year gra	ints 2c		
d	Other (Describe in Part XII	I) 2d 326,118		
e	Add lines 2a through 2d		2e	327,311
3	Subtract line 2e from line 1		3	4,727,156
4	Amounts included on Form	990, Part VIII, line 12, but not on line 1		
а	Investment expenses not i	ncluded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XII	I)		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3	and 4c. (This must equal Form 990, Part I, line 12)	5	4,727,156
Part		Expenses per Audited Financial Statements With Expenses answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1		per audited financial statements	1	5,269,356
2	·	but not on Form 990, Part IX, line 25		
a		of facilities		
ь				
c				
d		I)		
e	Add lines 2a through 2d .		2e	331,368
3	Subtract line 2e from line 1		3	4,937,988
4	Amounts included on Form	990, Part IX, line 25, but not on line 1:		
а		ncluded on Form 990, Part VIII, line 7b 4a		
ь		I) 4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)	5	4,937,988
Part	Supplemental I	nformation		
Part		for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
SPEC	IALEVENTS	Special Event Expense of \$326,118 was netted with Revenue on Part VII is included in expense in the station's financial statements	[I of tl	he form 990, however
ENDO	WMENT	INCOME EARNED ON ENDOWMENT FUNDS IS USED TO SUPPORT ST	ATIC	N OPERATIONS
ASC 7	740	The Station is exempt from Federal income tax under Section 501(c)(3) of Revenue Code and state income taxes under similar provisions. According do not reflect provisions for Federal or state income taxes. The Station has at September 30, 2015 and 2014 and has incurred no interest or penalting for the periods presented in their financial statements. There were no incoming and interest included in their financial statements.	ngly, th ad no i es rela	he financial statements unrecognized benefits ated to income taxes

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493109002456

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

				22-2137728	3
				•	
		ganızatıo	n answered "Yes" to	o Form 990, Part IV,	line 17. Form 990-E
zatıon raısed funds	through a	ny of the f	ollowing activities Ch	eck all that apply	
		e	Solicitation of noi	n-government grants	
itations		f	Solicitation of gov	vernment grants	
		g	Special fundraisir	ng events	
orm 990, Part VII)	or entity	ın connec	tion with professional	fundraising services?	Г _{Yes} Г г
		fundraıseı	rs) pursuant to agreem	ents under which the fu	ındraıser ıs
(ii) Activity	fundrai cust cont	ser have ody or crol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
		-			
rganization is regis	tered or lı	censed to	solicit contributions o	or has been notified it is	exempt from
	ed to complete the zation raised funds stations written or oral agreeform 990, Part VIII; the paid individuals or \$5,000 by the organistic function of the complete form the complete function of the	ed to complete this part. zation raised funds through all citations written or oral agreement with Form 990, Part VII) or entity t paid individuals or entities (\$5,000 by the organization (ii) Activity (iii) Yes	zation raised funds through any of the factorial control of the factorial control of control control of control	zation raised funds through any of the following activities Che Solicitation of noise Solicitation of going Special fundraising written or oral agreement with any individual (including office Form 990, Part VII) or entity in connection with professional standard special spaid individuals or entities (fundraisers) pursuant to agreem \$5,000 by the organization (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Yes No	zation raised funds through any of the following activities. Check all that apply e

Sche	edule	G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
		э э э э э э	(a) Event #1 Benefit/Gala (event type)	(b) Event #2	(c) O ther events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	329,29!	124,719	188,084	642,098
	2	Less Contributions	204,464	19,552	91,964	315,980
<u>~</u>	3	Gross income (line 1 minus line 2)	124,833			
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	40,040	100,635	64,856	205,531
	7	Food and beverages .	55,800	3,632	1,793	61,225
	8	Entertainment	18,000		16,600	34,600
	9	Other direct expenses .	10,99	900	12,871	24,762
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(326,118)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted more than
Revenue		\$13,000 OH FOITH 990-E2, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> 동</u>	1	Gross revenue				
Ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
ច ស្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	☐ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Subt	tract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organization conducts gaming activities				
10a b	Wei	re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during	the tax year?	

Sch	edule G (Form 990 or 990-EZ) 2014 Page							
.1	Does the organization conduct gaming activities with nonmembers?							
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable gaming?							
3	Indicate the percentage of gaming activities conducted in							
а	The organization's facility							
ь	An outside facility							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name ▶							
	Address > 54 PARK PLACE NEWARK,NJ 07102							
5a	Does the organization have a contract with a third party from whom the organization receives gaming							
	revenue?							
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the							
	amount of gaming revenue retained by the third party 🟲 \$							
c	If "Yes," enter name and address of the third party							
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation 🟲 \$							
	Description of services provided -							
	Director/officer							
7	Mandatory distributions							
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
-	retain the state gaming license?							
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
•	in the organization's own exempt activities during the tax year > \$							
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).							

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DLN: 93493109002456

OMB No 1545-0047

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SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** NEWARK PUBLIC RADIO INC 22-2137728

-	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contribu	termini	_	:s
_				1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	5	29,223	FMV			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts					_		
23	Scientific specimens							
24	Archeological artifacts							
	O ther ► ()							
26	O ther ▶()							
27	O ther ▶()							
	O ther ► ()							
29	Number of Forms 8283 received for which the organization complete.				29			
30a	During the year, did the organize	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that √		Yes	No
	it must hold for at least three ye				- '			
	for exempt purposes for the ent					30a		Νo
b	If "Yes," describe the arrangem							
31	Does the organization have a gi	ft acceptand	ce policy that requires the i	review of any non-standard	contributions?	31 Y	/es	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
	If "Yes," describe in Part II If the organization did not repor describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493109002456

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
NEWARK PUBLIC RADIO INC

Employer identification number
22-2137728

990 Schedule O, Supplemental Information

Return Reference	Explanation		
Form 990, Part VI, Section B, Line 12			
Form 990, Part VI, Section B, Line 15	The Compensation of the President/CEO is determined and approved by the board of trustees and is documented in the trustee meeting minutes		
Form 990, Part VI, Section B, Line 11A	The full board receives a copy of the 990 for review prior to filing Board Members are in vited to review, provide comments and present questions, before filing		
Form 990, Part VI, Section C, Line 19	The governing documents, financial statements and broadcast ownership questionnaire are available to the public upon written request. The station's annual audit is available online at www wbgo org		
Form 990, Part V, Line 7H	Car donations are received by Charitable Auto Resources, Inc. who sell the cars and remit the proceeds to the organization. They also file the form 1098-C for all donations on behalf of the organization.		