# WHYY, INC.

Income Tax Return for Year Ended June 30, 2018
Public Disclosure Copy



## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or th	e 2017	calendar year, or tax year beginning 0.7	7/01, <b>2017</b>	', and en	ding	_	06/	30, <b>20</b>	18	
			C Name of organization				D Employer ider	ntificatio	n numbe	er	
<b>B</b> 0	heck if a	pplicable:	WHYY, INC.				23-1438	3083			
	Addre	ess	Doing business as								
	7 '	change	Number and street (or P.O. box if mail is not delivered to street addre	ess)	Room/s	uite	E Telephone nur	mber			
	+	return	150 NORTH SIXTH STREET				(215) 35	1 - 120	0.0		
		return/	City or town, state or province, country, and ZIP or foreign postal coo	de			(220) 00				
	termi Amer	nated nded	PHILADELPHIA, PA 19106				<b>G</b> Gross receipts	· <b>c</b>	42	nga	442.
	returi Appli	n cation	F Name and address of principal officer: WILLIAM J MA	DD 1770	CEO		H(a) Is this a grou			Yes [	X No
	pend		150 NORTH SIXTH STREET PHILADELPHIA				subordinates	?	$\vdash$		_
_	_			_		T	H(b) Are all subord		ш	Yes	No
		empt st	1001(0)(0)	4947(a)(1)	or	527	-		(see instru	ictions)	
_			HTTP://WWW.WHYY.ORG		1.		H(c) Group exemp				
			nization: X Corporation Trust Association Other	<u> </u>	L	ear of forma	tion: 1953 <b>M</b> :	State of	legal dom	nicile:	PA
P	art I		ımmary								
	1		describe the organization's mission or most significant activities					EGION	N'S L	EADI	ING
çe			LIC MEDIA PROVIDER, SERVING SOUTHEASTE	ERN PENN	ISYLVA	NIA, SC	UTHERN				
nan		NEW	JERSEY, AND ALL OF DELAWARE.								
Governance	2	Check	$\kappa$ this box $lacktriangle$ $$ if the organization discontinued its operation	ns or dispos	sed of mo	re than 25%	6 of its net assets	š			
ဗိ	3	Numb	er of voting members of the governing body (Part VI, line 1a)					3			26.
≪ ′∩	4		er of independent voting members of the governing body (Part					4			25.
Activities &	5	Total	number of individuals employed in calendar year 2017 (Part V,	line 2a)				5			263.
<u>∓</u>	6		number of volunteers (estimate if necessary)					6		1,	834.
Ā	7a		unrelated business revenue from Part VIII, column (C), line 12					7a		47,	154.
			nrelated business taxable income from Form 990-T, line 34					7b			
			,				Prior Year		Curre	ent Ye	ar
•	8	Contri	ibutions and grants (Part VIII, line 1h)				25,417,85	3.	27,5	744,	166.
Revenue	9		am service revenue (Part VIII, line 2g)				9,157,07	4.	9,0	069,	300.
eve	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)				264,88	6.	Ţ	541,	860.
Ř	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e				9,049,20				289.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column				43,889,02				615.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)					0.	- ,		0.
	14		its paid to or for members (Part IX, column (A), line 4)					0.			0.
	4.5				<b>I</b>	17,342,20		17 (	916	025.	
Expenses	15		es, other compensation, employee benefits (Part IX, column (A)				1,526,80				978.
)en	Ioa		ssional fundraising fees (Part IX, column (A), line 11e)	,909,914		• •	1,320,00	<del>•</del>		J J _ ,	770.
Ä	1 0			<u> </u>			16,014,63	_	16 [	= 2 A	804.
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				34,883,64				807.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line								808.
- s	19	Rever	nue less expenses. Subtract line 18 from line 12				9,005,38				
Net Assets or Fund Balances						Begir	nning of Current Y			of Yea	
sse 3ala	20		assets (Part X, line 16)				45,747,36				185.
A P	21		liabilities (Part X, line 26)				8,910,90				561.
			ssets or fund balances. Subtract line 21 from line 20				36,836,45	4.	39,1	L68,	624.
	rt II		gnature Block								
Une	der per	nalties o	of perjury, I declare that I have examined this return, including accom complete. Declaration of preparer (other than officer) is based on all info	panying sched ormation of wh	dules and nich prepa	statements,	and to the best of nowledge.	my kno	owledge a	and be	lief, it is
	,		CLIENT CODY								
Sig	n		CLIENT COPT								
He			Signature of officer				Date				
116											
			Type or print name and title	-0							
Dali			Type preparer's name Preparer's signature		Date	)	Check	if PTII	N		
Paid		MAR	C R BERGER CPA	Ply	05	5/14/201	self-employe		P0187		3
	parer Only	Firm's	sname ▶BDO USA, LLP	$\sqrt{}$			Firm's EIN ▶ 1	3-538	81590		
			saddress ▶1801 MARKET STREET SUITE 1700 PHILADELPHIA, P				1 110110 1101		64-19	00	
Ma	y the	IRS d	iscuss this return with the preparer shown above? (see	instructions	s)				X Ye	s	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.						Form	990	(2017)

For	m 990 (2017) Page
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  SEE SCHEDULE O
	SEE SCHEDOLLE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X N
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 12,828,108. including grants of \$ ) (Revenue \$ 2,208,538. )
	SEE SCHEDULE O
4b	(Code: ) (Expenses \$ 9,222,868. including grants of \$ ) (Revenue \$ 5,837,063. )
	SEE SCHEDULE O
4c	(Code: ) (Expenses \$ 3,209,577. including grants of \$ ) (Revenue \$ 593,361. )
	SEE SCHEDULE O
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 884,209. including grants of \$ ) (Revenue \$ 732,812. )
4e	Total program service expenses ▶ 26,144,762.

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, Χ 5 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 . . . . . . 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 

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Part IV **Checklist of Required Schedules** (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.......... If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II......... Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . . . . . . . . . . 25a 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? Χ If "Yes," complete Schedule L, Part I 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 Χ 26 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 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 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): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . . Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)?............ If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 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, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O.

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Form 990 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 185 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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. . 2a Χ 2b 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 Χ **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... 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?........... Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. **b** Enter the amount of reserves the organization is required to maintain by the states in which Х 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Sect	ion 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 26			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	3.5	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	١	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>.)</i> Yes	No
		10a		X
10a		IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	ıια		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NJ, PA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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 int	erest	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 record KEVIN A YOSHIOKA 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106 215-351-1200	s: <b>▶</b>		

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# 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, and 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		orga	IIIZU			прсп	Jaic			
(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average	(do r	not cl	heck	more	e than o	ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of
	week (list any					or/trust	ee)	from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)L. FREDERICK SUTHERLAND	1.00									
CHAIRMAN OF THE BOARD	0.	Х		Х				0.	0.	0.
(2)JOHN F. SALVESON	1.00									
VICE-CHAIRMAN OF THE BOARD	0.	Х		Х				0.	0.	0.
(3)LARRY WEISS	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4)BARBARA C. BISGAIER	1.00									
SECRETARY	0.	Х		Х				0.	0.	0 .
(5)CRAIG L. ADAMS	1.00									
DIRECTOR	0.	Х						0.	0.	0 .
(6) ROBERT D. AURITT	1.00									
DIRECTOR	0.	X						0.	0.	0
(7)BARBARA A. AUSTELL	1.00									
DIRECTOR	0.	X						0.	0.	0
(8)TERESA BRYCE BAZEMORE	1.00									
DIRECTOR	0.	X						0.	0.	0
(9)STEVEN SCOTT BRADLEY	1.00									
DIRECTOR	0.	Х						0.	0.	0
(10)BENITO CACHINERO-SÁNCHEZ	1.00									
DIRECTOR	0.	Х						0.	0.	0
(11)THE HONORABLE MICHAEL N CASTLE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12)WALTER D'ALESSIO	1.00									
DIRECTOR	0.	X						0.	0.	0
(13) JOSEPH G. DIPINTO	1.00									
DIRECTOR	0.	X						0.	0.	0
(14)NINA GUSSACK	1.00									
DIRECTOR	0.	X						0.	0.	0

JSA 7E1041 1.000

	(A)	(D)										
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more	n ook had been sated en both both Highest compensated employee	an	(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	
15	LATOYA P. HACKNEY	1.00		U .			ted					
	DIRECTOR	0.	Х						0.	0.	0.	
16	CHRISTOPHER LUKACH	1.00								0.1		
	DIRECTOR	0.	Х						0.	0.	0.	
17		1.00								0.1		
===	DIRECTOR	0.	Х						0.	0.	0.	
18	RALPH MULLER	1.00							0.	0.	•	
	DIRECTOR	0.	Х						0.	0.	0.	
19		1.00								0.1		
===	DIRECTOR	0.	Х						0.	0.	0.	
20	VIVIAN WEYERHAEUSER PIASECKI	1.00							0.	0.	•	
	DIRECTOR	0.	Х						0.	0.	0.	
21		1.00							0.	0.	•	
==	DIRECTOR	0.	Х						0.	0.	0.	
22		1.00						•				
==	DIRECTOR	0.	Х						0.	0.	0.	
23	HELEN STIMSON	1.00										
==	DIRECTOR	0.	Х						0.	0.	0.	
24	KENNETH I. TRUJILLO	1.00										
==	DIRECTOR	0.	Х						0.	0.	0.	
25		1.00										
==	DIRECTOR	0.	Х						0.	0.	0.	
16	Sub-total Sub-total								0.	0.	0.	
	Total from continuation sheets to Part VII, S	oction A				• •			2,760,204.	0.	273,532.	
	Total (add lines 1b and 1c)	=		• • •	• • •	• •			2,760,204.	0.	273,532.	
	Total number of individuals (including but not			liste	d ah	20V6	2) who	re				
_	reportable compensation from the organization		12		u u	JO V (	<i>,</i> <b>, ,</b> , , ,		ocived more than	φ100,000 01		
											Yes No	
3	Did the organization list any former office	or directo	r or	tru	ictor	^	kov o	mn	Novoo or highest	t companyated	1.00 110	
J	employee on line 1a? If "Yes," complete Sched										3 X	
_												
4	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 individual							4 X				
5	Did any person listed on line 1a receive or										-	
J	for services rendered to the organization? <i>If "Ye</i>										5 X	
Se	ction B. Independent Contractors	,					22.0.1	, 5 57			- 1 1	
1												

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 12

Form 990 (2017) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) Name and title Reportable Reportable Position Estimated Average (do not check more than one compensation from amount of hours per compensation box, unless person is both an week (list any from other related officer and a director/trustee) compensation hours for the organizations Institutional trustee Individual trustee or director Highest compensated employee from the related organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 26) WILLIAM J MARRAZZO \* 40.00 PRESIDENT AND CEO 0. Χ Χ 728,705. 0. 33,305. KYRA G. MCGRATH 27) 40.00 EXECUTIVE VP & COO 0. Χ 306,655. 0. 36,458. 28) A. WILLIAM DANA 40.00 SENIOR VP & CFO Х 0. 222,852 0 26,698. 29) SANDRA CLARK 40.00 VP NEWS & CIVIC DIALOGUE 28,784. 0. Χ 191,765 0 30) ARTHUR ELLIS 40.00 VP, COMM & MEMBER RELATIONS 0. 142,007 Χ 0. 13,520. 31) ROSEANN OLEYN 40.00 VP, INSTITUTIONAL ADVANCEMENT 0. Х 217,412. 0. 12,675. 32) TERRY GROSS 40.00 HOST - FRESH AIR 0. Х 317,939 0 30,719. 33) DANIEL B. MILLER 40.00 EXECUTIVE PRODUCER - FRESH AIR 0. 181,413. 0 18,960. X 34) HILLARY BAKER 40.00 CORPORATE UNDERWRITING REP 0. X 168,891 0 25,118. 35) MARJORIE MOSS-COANE 40.00 HOST - RADIO TIMES 0. 147,019 0 24,068. X 36) KAREN PINSKY 40.00 CORPORATE UNDERWRITING REP 0. X 135,546 0. 23,227.

#### COMPENSATION

WHYY has a non-qualified supplemental retirement plan (KEYSOP) funded through deferred compensation of eligible employees. For Mr. Marrazzo, options in the KEYSOP became due beginning with his 65th birthday in 2014 and will continue through 2018.

Compensation included in Column D is reported in accordance with IRS guidelines, which require that all not-for-profit organizations report deferred employee compensation both in the year that it is earned and then again in the year that it is disbursed. As a result, included in the W-2 compensation for Mr. Marrazzo is \$49,378 of payments associated with options exercised under the KEYSOP. WHYY previously included the value of these options in Mr. Marrazzo's compensation in prior years and therefore the value of the payments is not additional compensation to him for the 2017 calendar year covered by the W-2 reported here.

<sup>\*</sup>PART VII, SECTION A

Form 990 (2017) WHYY, INC. 23-1438083 Page **9** 

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII.

		Check if Schedule O contains a respor	se or note to an	y line in this Part V	<u> </u>	<u> </u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	18,690,934.				
S, G		Fundraising events 1c	204,348.				
iar Iar	d	Related organizations 1d					
ini,	e	Government grants (contributions) 1e	175,714.				
er S	f	All other contributions, gifts, grants,					
혈취	•	and similar amounts not included above . 1f	8,673,170.				
d d	g	Noncash contributions included in lines 1a-1f: \$	146,520.				
	h	Total. Add lines 1a-1f		27,744,166.			
ne			Business Code				
Ver	2a	PROGRAM CONTRACTS & OTHER PROJECTS	515100	9,069,300.	9,022,146.	47,154.	
Se	b						
jc Jice	c						
Ser	d						
Ē	u						
Program Service Revenue	f	All other program service revenue					
P.	g	Total. Add lines 2a-2f		9,069,300.			
-	3	Investment income (including dividen					
	3	and other similar amounts)		348,321.			348,321.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		24,585.			24,585.
		(i) Real	(ii) Personal				
	٠-	Gross rents 103,230.					
	6a	GIOSS TETRIS					
	b	Less: rental expenses					
	C C	iterital income of (1033)		103,230.			103,230.
	d 7a	Net rental income or (loss)	(ii) Other	103,230.			103,230.
	ı a	assets other than inventory 1,323,204.	3,126,860.				
		•	3,120,000.				
	b	Less: cost or other basis	2 162 050				
		and sales expenses	3,163,850.				
	C	Gaill Of (1055)	-36,990.	102 520			102 520
	d	Net gain or (loss)		193,539.			193,539.
ē	8a	Gross income from fundraising					
ven		events (not including \$ <sup>204,348.</sup>					
Other Revenue		of contributions reported on line 1c).	55.005				
her		See Part IV, line 18 a	57,302.				
ŏ		Less: direct expenses b					
	С	Net income or (loss) from fundraising events	· · · · · · •	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	▶ _	0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold		0.			
ŀ		Miscellaneous Revenue	Business Code	3.			
ŀ	44-	OTHER INCOME	515100	302,474.	302,474.		
	11a		313130	502/174.	302,171.		
	b						
	<b>C</b>	All all					
	d	All other revenue		302,474.			
	e 12	Total. Add lines 11a-11d			9 224 620	47 154	660 675
JSA	12	Total revenue. See instructions.		37,785,615.	9,324,620.	47,154.	669,675.

JSA 7E1051 1.000

Form 990 (2017) WHYY, INC. 23-1438083 Page **10** 

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	1,947,957.	842,748.	673,217.	431,992.			
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	12,468,345.	9,626,668.	457,560.	2,384,117.			
8	Pension plan accruals and contributions (include	F00 000	255	40 700	101 500			
	section 401(k) and 403(b) employer contributions)	520,029.	377,656.	40,790.	101,583.			
9	Other employee benefits	1,942,575.	1,411,160.	153,007.	378,408.			
10	Payroll taxes	1,037,119.	753,177.	81,349.	202,593.			
	Fees for services (non-employees):	0.						
	Management	45,899.	11,328.	34,571.				
	Legal	73,900.	23,854.	39,042.	11,004.			
	Accounting	18,750.	18,750.	35,012.				
	I Lobbying Professional fundraising services. See Part IV, line 17	1,691,978.	20,700.		1,691,978.			
	Investment management fees	0.						
	Other. (If line 11g amount exceeds 10% of line 25, column							
9	(A) amount, list line 11g expenses on Schedule O.).	549,146.	452,130.	91,252.	5,764.			
12	Advertising and promotion	789,336.	771,582.	5,152.	12,602.			
13	Office expenses	724,960.	509,997.	105,234.	109,729.			
14	Information technology	643,544.	395,229.	31,010.	217,305.			
15	Royalties	0.						
16	Occupancy	0.						
17	Travel	267,096.	188,566.	43,191.	35,339.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	0.	102 675	110 (54	250 572			
20	Interest	671,901.	193,675.	118,654.	359,572.			
21	Payments to affiliates	892,447.	816,898.	29,264.	46,285.			
22	Depreciation, depletion, and amortization	143,474.	112,903.	19,409.	11,162.			
23	Insurance	113,171.	112,505.	10,100.	11,102.			
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	PROGRAM PRODUCTION FEES	7,916,472.	7,914,009.	47.	2,416.			
b	MEMBERSHIP DEVELOPMENT EXP	1,555,840.			1,555,840.			
C	TRANSMITTER/STUDIO MAINTENAN	875,667.	875,667.					
d	BUILDING MAINTENANCE & OPERA	458,681.	392,517.	22,233.	43,931.			
е	All other expenses	907,691.	456,248.	143,149.	308,294.			
_	Total functional expenses. Add lines 1 through 24e	36,142,807.	26,144,762.	2,088,131.	7,909,914.			
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							
JSA	following SOP 98-2 (ASC 958-720)	0.			Form <b>990</b> (2017)			

JSA 7E1052 1.000

Form 990 (2017) Page **11** Part X Balance Sheet

	irt A	Check if Schedule O contains a response or note to any line in this Pa	ort V		X
		Check if Schedule O contains a response of note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	611,417.	1	1,063,116.
	2	Savings and temporary cash investments	645,267.	2	1,639,604.
	3	Pledges and grants receivable, net	13,351,558.	3	5,993,517.
	4	Accounts receivable, net	1,245,073.	4	1,980,545.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets.	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	63,063.	8	63,980.
⋖	9	Prepaid expenses and deferred charges	119,555.	9	135,310.
	_	Land, buildings, and equipment: cost or		9	
	104	other basis. Complete Part VI of Schedule D 10a 40,042,990.			
	ь	Less: accumulated depreciation	14,308,937.	10c	14,215,673.
	11	Investments - publicly traded securities ATCH 2	10,470,790.	11	18,752,306.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	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	4,931,701.	15	5,014,134.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45,747,361.	16	48,858,185.
	17	Accounts payable and accrued expenses	2,739,185.	17	3,623,707.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	603,288.	19	1,107,103.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	5,545,767.	23	4,925,553.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	22,667.	25	33,198.
	26	Total liabilities. Add lines 17 through 25	8,910,907.	26	9,689,561.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	27,216,112.	27	29,465,847.
Ba	28	Temporarily restricted net assets	6,432,947.	28	6,492,762.
pq	29	Permanently restricted net assets	3,187,395.	29	3,210,015.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
sts.	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	36,836,454.	33	39,168,624.
_	34	Total liabilities and net assets/fund balances	45,747,361.	34	48,858,185.

Form 99	90 (2017)			Pa	ge <b>12</b>	
<b>Part</b>	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,7	85,6	515.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,1	42,8	307.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,6	42,8	308.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,8	36,4	154.	
5	Net unrealized gains (losses) on investments	5	6	66,7	742.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		22,6	520.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	39,1	68,6	524.	
<b>Part</b>	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in				
	Schedule O.					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent according	countant?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	explain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b			

# **Public Disclosure Copy**

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

WH7	ΖΥ,	INC.					23-14380	83
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	j.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	9-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	•			•	, , , , , , ,	
7	Х	An organization that norma	-	· · · · · · · · · · · · · · · · · · ·	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8	Щ	A community trust describe						
9		An agricultural research org	=			-	-	-
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10 11		An organization that normal receipts from activities rela support from gross investmacquired by the organization organization organization organization organization organization.	ted to its exempt f nent income and u n after June 30, 19	unctions - subject to on the subject to on the subject to one subj	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its
12		An organization organized	•	•	•			carry out the numoses
		of one or more publicly su	•	•				•
		Check the box in lines 12a t						
а	Г	Type I. A supporting orga	•	* *	• •		·	
u		the supported organization	•	•			• , , ,	
		supporting organization.				ajointy of	and directors of tracte	
b		Type II. A supporting org	-			with its	supported organizati	on(s), by having
		control or management of	•					
		organization(s). You must		=		•		
С		Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functiona	lly integrated with,
		its supported organization						
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
		functionally integrated, or			porting o	organizat	ion.	
f		ter the number of supported						
g		ovide the following information			1			T
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u> </u>								
(E)								
T	. 1							
Tota	11							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, contributions, grants. membership fees received. (Do not 23,306,887. 22,886,690 24,850,661 25,417,853 include any "unusual grants.") 27,744,166. 124,206,257. Tax revenues levied organization's benefit and either paid 0. to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 23,306,887. 22,886,690. 24,850,661. 25,417,853. 27,744,166. 124,206,257. Total. Add lines 1 through 3 The portion of total contributions by person (other governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount 4,722,931. shown on line 11, column (f) Public support. Subtract line 5 from line 4 119,483,326. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 23,306,887. 22,886,690 24,850,661 25,417,853 27,744,166. 124,206,257. Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. royalties, and income from 318,333. 369,615 209,473 326,795. 476,136 1,700,352. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or 10 loss from the sale of capital assets 549,827 204,769 754,596. (Explain in Part VI.) ATCH 1 126,661,205. 11 Total support. Add lines 7 through 10 . . 51,738,150. 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 94.33% Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . . . . . 96.42% 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

WHYY, INC. 23-1438083 Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is form	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8		•	mn (f))		15	%
16	Public support percentage from 2016 Sche					16	%
	tion D. Computation of Investmen					1 1	/0
<u> 17</u>	Investment income percentage for 2017 (lii			13. column (f))		17	%
18	Investment income percentage for 2017 (in					18	<del>//</del> //////////////////////////////////
	331/3% support tests - 2017. If the org						
. J a	17 is not more than 331/3%, check th	-					
h	331/3% support tests - 2016. If the orga	_	_	•			
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization			-			. —

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#### Schedule A (Form 990 or 990-EZ) 2017 **Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Se

Secu	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	, ito
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , 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		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) 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 <b>Part VI.</b>	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.	10a		

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.)

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Schedu	lle A (Form 990 or 990-EZ) 2017		F	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	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)	44-		
<b>h</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11b		
	on B. Type I Supporting Organizations	110		
00011	on billypo i oupporting organizations		Yes	No
	Did the divertors trustees or membership of one or more supported exempirations have the neverto			110
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 <b>Part VI</b> 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			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
	11 0 0	2		
Secti	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u>'</u>		
00011	on birth Type in cappering 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, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
C4!		3		
	on 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 ins  The organization satisfied the Activities Test. Complete line 2 below.	itructi	ons).	
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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 <b>Part VI identify those supported organizations and explain</b> 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			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3h		
	ours supported otdanizations call ses i describe in <b>Part VI</b> the role blaved by the organization in this redard	1 Kh	1	i

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	Page <b>0</b>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).			• •

Schea	die A (Form 990 or 990-EZ) 2017			Page I				
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e							
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	onsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
,	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable				

;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

## **Public Disclosure Copy**

WHYY, INC. 23-1438083

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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 4, 2 and 6 and 6

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.)

SCHEDULE A, PART II - OTHER INCOME  ATTACHMENT 1							
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL	
MISCELLANEOUS	549,827.	204,769.				754,596.	
TOTALS	549,827.	204,769.				754,596.	

## **Public Disclosure Copy**

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	
Name of the organization		Employer identification number
WHYY, INC.		23-1438083
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 03 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation
	501(c)(3) taxable private foundation	
Check if your organization is	s covered by the General Rule or a Special Rule.	
<b>Note:</b> Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form nd that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	n 990 or 990-EZ), Part II, line outions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 g the year, total contributions of more than \$1,000 <i>exclusively</i> for religional purposes, or for the prevention of cruelty to children or animals. C	ous, charitable, scientific,
contributor, during contributions total during the year for <b>General Rule</b> appl	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contributions are exclusively religious, charitable, etc., purpose. Don't complete any lies to this organization because it received nonexclusively religious, charmore during the year	ses, but no such butions that were received of the parts unless the ritable, etc., contributions
990-EZ, or 990-PF), but it <b>m</b>	at isn't covered by the General Rule and/or the Special Rules doesn't fil ust answer "No" on Part IV, line 2, of its Form 990; or check the box o to certify that it doesn't meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Name of organization	WHYY,	INC.	Employer identification number
			23-1438083

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 3,264,484.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization WHYY, INC. Employer identification number 23-1438083

(b)  Description of noncash property given	(c)	4.5
	FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	  \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given  (b)  (b)  Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (d) FMV (or estimate) (see instructions.)  (e) FMV (or estimate) (see instructions.)  (f) FMV (or estimate) (see instructions.)  (g) FMV (or estimate) (see instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (d) FMV (or estimate) (see instructions.)  (e) FMV (or estimate) (see instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page
Name of organization WHYY, INC.	Employer identification number
	23-1438083
Part   Exclusively religious, charitable, etc., contributions to organizations described	

(10) the conf Use	that total more than \$1,000 for	the year from any one ions completing Part III, e e year. (Enter this inform	contributor. Center the total c	ribed in section 501(c)(7), (8), or complete columns (a) through (e) are of exclusively religious, charitable, et e instructions.) ►\$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_		(e) Transfer of <b>Q</b>	jift				
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,			
		(e) Transfer of ç	jift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of o	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

JSA 7E1255 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### **Public Disclosure Copy**

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Open to Public** 

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

OMB No. 1545-0047

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number WHYY, INC. 23-1438083 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.....▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5) (6)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sch	edule C (Form 990 or 990-EZ) 2017	WHYY,	INC.			23-1	438083 Page <b>2</b>
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ich affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
	Limits (The term "expenditu		ying Expend eans amour		)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to ir	nfluence	public opini	on (grass roots lobb	oying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)		
C	: Total lobbying expenditures (add	d lines 1	a and 1b) .				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ires (add	d lines 1c an	d 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount t	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	Grassroots nontaxable amount	`	,		_		
	Subtract line 1g from line 1a. If:				_		
	Subtract line 1f from line 1c. If z						
j	If there is an amount other the				_		
	reporting section 4911 tax for the						Yes No
				aging Period Unde	• •		
	(Some organizations that			• •	-		nns below.
		See	the separat	te instructions for I	ines 2a through	2f.)	
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

WHYY, INC. 23-1438083 Schedule C (Form 990 or 990-EZ) 2017 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No description of the lobbying activity. **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X X Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. b Χ С Х Mailings to members, legislators, or the public? d Χ Publications, or published or broadcast statements? e Х 18,750. Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . . . g X Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . h Х i 18,750 j X Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . 2 a If "Yes," enter the amount of any tax incurred under section 4912 . . . . . . . . . . . . . . . . . If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

FORM 990 SCHEDULE C PART II-B LINE 1G

THE LOBBYISTS FOR WHYY INC. AIM TO MAINTAIN AND INCREASE ANNUAL SUPPORT

FROM THE STATE OF DELAWARE AND COMMONWEALTH OF PENNSYLVANIA.

# **Public Disclosure Copy**

WHYY, INC. 23-1438083

Schedule C (Form 990 or 990-EZ) 2017

Supplemental Information (continued)

Part IV

Page 4

### **Public Disclosure Copy**

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WHYY, INC. 23-1438083 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1. ▶ \$ 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2017	0 11 11 1	A		0.1 0. 11	•	Page Z
	t    Organizations Maintaini	_ <del></del>				•	
3	Using the organization's acquisition		other records, chec	k any of the	e following that a	re a significant u	ise of its
	collection items (check all that app	oly):					
а	Public exhibition			or exchange	programs		
b	Scholarly research		e Other				
С	Preservation for future gene						
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization's	s exempt purpos	e in Part
	XIII.						
5	During the year, did the organization						
_	assets to be sold to raise funds rath		ained as part of the	organizatior	n's collection?	Yes	No
Par	t IV Escrow and Custodial Ar		" - F 000 F	N / . P	0		
	Complete if the organizat	tion answered "Yes	s" on Form 990, P	art IV, line	9, or reported an	amount on For	m
	990, Part X, line 21.						
1 a	Is the organization an agent, truste						
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement i	in Part XIII and comp	plete the following ta	ble:			
					Aı	mount	
С	Beginning balance						
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an am						No
	If "Yes," explain the arrangement i	in Part XIII. Check he	ere if the explanation	n has been p	rovided on Part XIII	<u> </u>	
Par	t V Endowment Funds.		." F 000 D	t N / 1!	40		
	Complete if the organizat						
		(a) Current year	(b) Prior year	(c) Two year			years back
1 a	Beginning of year balance	16,486,393.	7,651,433.	5,683		7,497. 5,6	60,936.
b	Contributions		8,000,000.	2,423	,203.		35,757.
С	Net investment earnings, gains,						
	and losses	1,178,672.	934,165.	-209	,534. 40	0,541. 4	152,443.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	192,920.	99,205.				L72,949.
f	Administrative expenses				,833.		L48,690.
g	End of year balance	17,472,145.	16,486,393.	7,651	,433. 5,683	3,437. 5,8	327,497.
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a))	held as:		
а	Board designated or quasi-endown		_%				
	Permanent endowment ▶ 15.0						
С	Temporarily restricted endowment						
	The percentages on lines 2a, 2b, a						
3a	Are there endowment funds not in	the possession of the	ne organization that	are held an	d administered for		ver I NI
	organization by:						Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations						X
b	If "Yes" on line 3a(ii), are the relate	•	•			3b	
4	Describe in Part XIII the intended u		tion's endowment fu	nds.			
Par	Land, Buildings, and Equ Complete if the organiza	l <b>ipment.</b> ation answered "Ye	s" on Form 990 F	Part IV line	11a See Form 9	990 Part X line	10
	Description of property	(a) Cost or		or other basis	(c) Accumulated	(d) Book value	
		(inves	tment) (	other)	depreciation		
1a	Land			543,979.			13,979.
b	Buildings		20,	569,549.	9,589,800.	11,07	79,749.
C	Leasehold improvements						
d	Equipment		17,	329,462.	16,237,517.	1,59	91,945.
	Other						
Tota	I. Add lines 1a through 1e. (Column	n (d) must egual Forn	n 990. Part X. colum	n (B). line 10	Oc.) ▶	14,21	L5,673.

Schedule D (Form 990) 2017		23 .	Page
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.  Complete if the organization answered	"Yes" on Form 99	0. Part IV. line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	cription		(b) Book value
(1) UNBILLED PROJECT REVENUES			3,183,045
(2) BROADCAST LICENSES			1,148,072
(3) BENEFICIAL INTEREST TRUST			587,898
(4) DEFERRED PROJECT COSTS			95,119
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15 )	<b>•</b>	5,014,134
Part X Other Liabilities. Complete if the organization answered		<u>.</u>	
line 25.			
1. (a) Description of liability	(b) Book val	<u>ue</u>	
(1) Federal income taxes	200	467	
(2) LINES OF CREDIT, BANK (3) OBLIGATION UNDER CAPITAL LEASE		731.	
(4)	4,	, / J ± •	
(5)			
(6)			
(7)			
(8)			

33,198.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

_	e D (Form 990) 2017		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements	1	38,748,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	962,550.
3	Subtract line 2e from line 1	3	37,785,615.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c 5	37,785,615.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	37,703,013.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11.	
1	Total expenses and losses per audited financial statements	1	36,415,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	273,188.
3	Subtract line 2e from line 1	3	36,142,807.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	36,142,807.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,142,007.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	rt V Ii	ne 4: Part X line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation	
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMMING AND EDUCATIONAL PROGRAMS OF WHYY.

FORM 990, SCHEDULE D, PART X, LINE 2

WHYY IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE.

AS OF JUNE 30, 2018 AND 2017, WHYY DID NOT IDENTIFY ANY UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN WHICH WOULD

REQUIRE ADJUSTMENT TO ITS FINANCIAL STATEMENTS. IN ADDITION, WHYY

BELIEVES IT HAS NOT ENGAGED IN ANY ACTIVITIES FOR WHICH ITS TAX-EXEMPT

STATUS WOULD NOT BE SUSTAINED UNDER INTERNAL REVENUE SERVICE EXAMINATION.

WHYY'S INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION BY U.S.

FEDERAL AND STATE TAXING AUTHORITIES FOR THE PAST THREE YEARS. THE

CORPORATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY U.S. FEDERAL OR

STATE INCOME TAXING AUTHORITY.

WHYY ENGAGES IN CERTAIN ACTIVITIES UNRELATED TO ITS TAX-EXEMPT PURPOSE.

THESE ACTIVITIES RESULT IN UNRELATED BUSINESS INCOME THAT IS TAXABLE AT

NORMAL CORPORATE RATES. AS OF JUNE 30, 2018, EXPENSES INCURRED BY WHYY IN

CONDUCTING THESE UNRELATED ACTIVITIES HAVE EXCEEDED REVENUES DERIVED

THERE FROM AND HAVE RESULTED IN NET OPERATING LOSS CARRY FORWARDS,

EXPIRING AT VARIOUS DATES THROUGH 2023 OF APPROXIMATELY \$89,000. THE

DEFERRED TAX ASSET RESULTING FROM THE NET OPERATING LOSS CARRY FORWARD

(NOL) HAS BEEN FULLY RESERVED, SINCE THE USE OF NOL IS NOT CONSIDERED

Schedule D (Form 990) 2017 WHYY, INC. 23-1438083 Page **5** 

Part XIII Supplemental Information (continued)

MORE-LIKELY-THAN-NOT.

FORM 990, SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSES: \$57,302

CHANGE IN BENEFICIAL INTEREST: \$22,620

TOTAL: \$79,922

FORM 990, SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSES: \$57,302

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization					22 1420002	on number
WHYY, INC.	malata if the area	nization	00040804	"Voo" on Form (	23-1438083	17
Part I Fundraising Activities. Co				res on Forms	990, Part IV, line	17.
Form 990-EZ filers are no	·			a akiniki a a Oba ali	II that and b	
1 Indicate whether the organization r	_		_			
a X Mail solicitations	е			non-government g		
<b>b</b> X Internet and email solicitations				government grants	3	
c X Phone solicitations	g	X Spe	cial fundra	ising events		
<b>d</b> In-person solicitations						
<ul> <li>2a Did the organization have a written or key employees listed in Form 95</li> <li>b If "Yes," list the 10 highest paid in compensated at least \$5,000 by th</li> </ul>	90, Part VII) or entity dividuals or entities	in connec	ction with p	orofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		(7	
1		1.55	1			
ATTACHMENT 1						
2						
3						
4						
4						
5						
ÿ						
6						
7						
8						
9						
10						
T-4-1				2 525 227	1 601 070	1 042 240
Total  3 List all states in which the organize				3,535,227.	1,691,979.	
3 List all states in which the organize registration or licensing.	zation is registered (	or licensed	a to solicit	contributions of	nas been notined	it is exempt from

WHYY, INC. 23-1438083

Page 2 Schedule G (Form 990 or 990-EZ) 2017

Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000.	nt contributions and gros			
		3 4 3 4,-	(a) Event #1 PRES DINNER	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	261,650.			261,650.
œ		Less: Contributions Gross income (line 1 minus	204,348.			204,348.
	_	line 2)	57,302.			57,302.
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	32,788.			32,788.
Direc	8	Entertainment				
	9	Other direct expenses	24,514.			24,514.
		Direct expense summary. Add lines 4 Net income summary. Subtract line 1				57,302.
Pa	rt I		anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses		Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9 8	E I Is	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:	ion conducts gaming ac gaming activities in each	tivities: of these states?		. Yes No
		ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe			. Yes No

WHYY, INC. 23-1438083

Sched	ule G (Form 990 or 990-EZ) 2017
11	Does the organization conduct gaming activities with nonmembers?
12	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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	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 ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
С	if res, enter name and address of the third party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ►
	Director/officer
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation 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).

Schedule G (Form 990 or 990-EZ) 2017

WHYY, INC.

PA 19312

23-1438083

990,	SCHEDULE	G,	PART	I	_	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
DMW WORLDWIDE LLC  36 CORDAGE PARK CIRCLE, SUITE 225 PLYMOUTH MA 02360	DIRECT MARKETING	X	510,944.	294,364.	216,580.
DONOR DEVELOPMENT STRATEGIES, LLC 899 LOGAN ST, SUITE 300 DENVER CO 80203	CANVASSING	х	359,665.	539,520.	-179,855.
SD&A TELESERVICES  5757 W CENTURY BOULEVARD, SUITE 300 LOS ANGELES CA 90045	TELE- MARKETING	X	268,989.	131,221.	137,768.
NEXT GENERATION FUNDRAISING, INC. 1235 WESTLAKES DRIVE, SUITE 130 BERWYN	DIRECT MARKETING	X	2,395,629.	726,874.	1,668,755.

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-1438083 WHYY, INC. **Questions Regarding Compensation** 

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel				Yes	No
First-class or charter travel Travel for companions Travel for companions Travel for companions Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club duce or initiation fees Personal services (such as, maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the OEO/Executive Director, but explain in Part III.  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment from, an equity-based compensation arrangement?  b Participate in, or receive payment from, an equity-based compensation arrangement?  c Participate in, or receive payment from, an equity-based compensation arrangement?  b Participate in, or receive payment and provide of the expension arrangement?  c Participate in, or receive payment and provide may not section and provide of the payments of the expension arrangement?  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  If "Yes" on line 6a or 6b, describe i	1a				
Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Personal services (such as, maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract Independent compensation consultant Form 990 of other organizations  Receive a severance payment from, a upplemental nonqualified retirement plan?  Participate in, or receive payment from, a upplemental nonqualified retirement plan?  Receive a severance payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:  The organization?  A pay related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 If "Yes," describe in Part III.  For persons listed on Form 990, P		990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, cheft)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain a payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain a payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain a payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.    X		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account  Personal services (such as, maid, chauffeur, chef)  b   f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain.  2   Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3   Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee   X   Written employment contract   X   Compensation consultant   X   Compensation or users   X   Approval by the board or compensation committee    4   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a   Receive a severance payment from, a supplemental nonqualified retirement plan?   4a   X    b   Participate in, or receive payment from, an equity-based compensation arrangement?   4b   X    c   Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X    If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reternings of:  a   The organization?   5a   X    b   Any related organization?   5a   X    f   "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.    X   Compensation committee   X   Written employment contract   X   Compensation committee   X   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   X   Approval by the board or compensation or a related organization.   Receive a severance payment from, as supplemental nonqualified retirement plan?   4a   X   X   Participate in, or receive payment from, an equity-based compensation arongement?   4c   X   X   Y   Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.    Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	b	If any of the boxes on line 1a are checked did the organization follow a written policy regarding payment			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X	~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
1a?  1 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X					
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X			2		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X	3	Indicate which if any of the following the filing organization used to establish the compensation of the			
Compensation committee   X   Independent compensation consultant   X   Compensation survey or study   Approval by the board or compensation committee	•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
X   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   4   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   Receive a severance payment or change-of-control payment?		related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dt X  C Participate in, or receive payment from, an equity-based compensation arrangement?  dt X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  a The organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		Tomponounce community			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  The organization possible in Part III.  Where any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.					
organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?.  Participate in, or receive payment from, an equity-based compensation arrangement?.  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X Form 990 of other organizations X Approval by the board or compensation committee			
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d	4				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.  c Participate in, or receive payment from, an equity-based compensation arrangement?.  lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  a The organization pay or accrue any compensation contingent on the net earnings of:  a The organization or the net earnings of:  a The organization?  b Any related organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	а		4a		Х
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  c The organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  c The organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	b				X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?	С		4c		X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?					
compensation contingent on the revenues of:  a The organization?		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		compensation contingent on the revenues of:			
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  X	а	The organization?	5a		X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  The organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  X	b	Any related organization?	5b		X
compensation contingent on the net earnings of:  a The organization?					
a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	6				
b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X					
If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X	a				
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	b	·	6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III					
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7		7		y
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	Q		1		- 21
in Part III	0				
			Q		x
<b>9</b> If "Yes" on line 8 did the organization also follow the rebuttable presumption procedure described in	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
Regulations section 53.4958-6(c)?	•		9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

WHYY, INC. 23-1438083

Schedule J (Form 990) 2017

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
WILLIAM J MARRAZZO *	(i)	554,830.	115,000.	58,875.	13,500.	19,805.	762,010.	49,378.	
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
KYRA G. MCGRATH	(i)	272,147.	33,000.	1,508.	13,500.	22,958.	343,113.	0.	
2 EXECUTIVE VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
A. WILLIAM DANA	(i)	194,158.	25,000.	3,694.	9,708.	16,990.	249,550.	0.	
3 SENIOR VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
SANDRA CLARK	(i)	172,562.	18,500.	703.	8,628.	20,156.	220,549.	0.	
4 VP NEWS & CIVIC DIALOGUE	(ii)	0.	0.	0.	0.	0.	0.	0.	
ARTHUR ELLIS	(i)	125,644.	15,000.	1,363.	6,282.	7,238.	155,527.	0.	
<b>5</b> VP, COMM & MEMBER RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
ROSEANN OLEYN	(i)	157,957.	57,545.	1,910.	10,775.	1,900.	230,087.	0.	
<b>6</b> VP, INSTITUTIONAL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
TERRY GROSS	(i)	314,486.	552.	2,901.	13,500.	17,219.	348,658.	0.	
7 <sup>HOST - FRESH AIR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
DANIEL B. MILLER	(i)	179,816.	546.	1,051.	8,991.	9,969.	200,373.	0.	
8 EXECUTIVE PRODUCER - FRESH AIR	(ii)	0.	0.	0.	0.	0.	0.	0.	
HILLARY BAKER	(i)	35,975.	132,826.	90.	8,440.	16,678.	194,009.	0.	
9 <sup>CORPORATE</sup> UNDERWRITING REP	(ii)	0.	0.	0.	0.	0.	0.	0.	
MARJORIE MOSS-COANE	(i)	144,824.	583.	1,612.	7,241.	16,827.	171,087.	0.	
10 <sup>HOST - RADIO TIMES</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
KAREN PINSKY	(i)	63,537.	71,797.	212.	6,767.	16,460.	158,773.	0.	
11 CORPORATE UNDERWRITING REP	(ii)	0.	0.	0.	0.	0.	0.	0.	

<sup>\*</sup>Schedule J, Part II

#### Compensation

WHYY has a non-qualified supplemental retirement plan (KEYSOP) funded through deferred compensation of eligible employees. For Mr. Marrazzo, options in the KEYSOP became due beginning with his 65th birthday in 2014 and will continue through 2018.

Compensation included in Schedule J, Part II is reported in accordance with IRS guidelines, which require that all not-for-profit organizations report deferred employee compensation both in the year that it is earned and then again in the year that it is disbursed. As a result, included in column B (III) for Mr. Marrazzo is \$49,378 of payments associated with options exercised under the KEYSOP. WHYY previously included the value of these options in Mr. Marrazzo's compensation in prior years and therefore the value of the payments is included in Column F on Schedule J - Part II.

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

23-1438083

Employer identification number

WHY	Y, INC.				23-1438083			
Par	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	n ivietnod o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	31.	146,52	0. STOCK QUO	OTES		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
40	or trust interests Securities - Miscellaneous							
12 13	Qualified conservation							
13	contribution - Historic							
14	structuresQualified conservation							
14	contribution - Other							
15								
16	Real estate - Residential  Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory  Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	bv the ora	anization during the tax v	ear for contributions t	for			
	which the organization completed l		•					
	,	,	,	,		Y	'es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I,	lines 1 through			
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which	ch isn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement	in Part II.						
31	Does the organization have a		tance policy that require	es the review of a	ny nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third part	es or related organization	ns to solicit, process,	or sell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which colum	n (a) is checked,			
	describe in Part II.							
Ear D	anarwork Paduction Act Notice see the Inst	ructions for Eo	rm 990		Cahadula	M / Faure	000	/2047

Schedule M (Form 990) (2017)

WHYY, INC. 23-1438083

Schedule M (Form 990) (2017)

Part II Supplement

Page **2** nd whether

**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.

FORM 990, SCHEDULE M, LINE 32B

WHYY USES BROKER UBS TO RECEIVE AND SELL DONATED STOCK.

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

20 17

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

WHYY, INC. 23-1438083

ORGANIZATION'S MISSION-FORM 990, PART III, LINE 1
WHYY IS THE PHILADELPHIA REGION'S LEADING PUBLIC MEDIA PROVIDER, SERVING
SOUTHEAST PENNSYLVANIA, SOUTHERN NEW JERSEY AND ALL OF DELAWARE. WHYY
PRODUCES AND DISTRIBUTES NEWS AND INFORMATION, ARTS AND CULTURE AND
EDUCATION PROGRAMS ON TELEVISION, RADIO, THE WEB AND MOBILE DEVICES. WHYY
REACHES AND ENGAGES ABOUT 709,000 TELEVISION VIEWERS AND 492,000 RADIO
LISTENERS A WEEK AND 326,000 UNIQUE MONTHLY WEBSITE VISITORS TO WHYY.ORG.
IN ADDITION, WHYY REACHES A NATIONAL AUDIENCE IN EXCESS OF 6 MILLION
LISTENERS A WEEK PRIMARILY THROUGH DISTRIBUTION OF "FRESH AIR".

PROGRAM SERVICES-FORM 990, PART III, LINE 4A TELEVISION PROGRAMMING:

WHYY PROVIDES NEWS AND INFORMATION, ARTS AND CULTURE AND CHILDREN'S PROGRAMMING ON THREE 24/7 BROADCAST CHANNELS AS WELL AS ONLINE, VIA CABLE, ON-DEMAND SERVICES AND ON MOBILE DEVICES. WHYY-TV OFFERS A VARIED BLEND OF THE BEST NATIONAL PROGRAMMING ALONG WITH WHYY'S LOCAL CONTENT. LOCAL WHYY VIDEO PRODUCTIONS INCLUDE YOU OUGHTA KNOW, A GUIDE TO PEOPLE, PLACES AND EVENTS YOU MIGHT NOT KNOW ABOUT IN THE PHILADELPHIA REGION; ON STAGE AT CURTIS, PRESENTING STUDENT RECITALS TAPED AT THE WORLD-RENOWNED CURTIS INSTITUTE OF MUSIC; MOVERS & MAKERS, INTRODUCES FASCINATING PEOPLE AND INTERESTING PLACES IN THE GREATER PHILADELPHIA REGION THAT EXPLORES THE VIBRANT LOCAL ARTS SCENE AND CREATORS MAKING AN IMPACT ON OUR COMMUNITY; AND FLICKS WHICH PROVIDES UP-TO-THE-MINUTE COVERAGE OF TOP FILMS, STARS AND MOVIEMAKERS. WHYY PARTNERS WITH ARTS ADVANCE ON THE

Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

Name of the organization

WHYY, INC.

Employer identification number
23-1438083

PRODUCTION AND NATIONAL DISTRIBUTION OF ARTICULATE, A WEEKLY ARTS PROGRAM.

PROGRAM SERVICES-FORM 990, PART III, LINE 4B

RADIO PROGRAMMING:

WHYY-FM'S NEWS AND INFORMATION FORMAT OFFERS THE REGION A COMPREHENSIVE RADIO SERVICE. WHYY-FM HAS A WELL-DESERVED REPUTATION AS A TRUSTED SOURCE OF NEWS AND INFORMATION, COMBINING SUCH NPR PROGRAMS AS MORNING EDITION AND ALL THINGS CONSIDERED WITH REPORTS FROM WHYY'S LOCAL NEWS TEAM. WHYY IS ALSO THE PRODUCER OF RADIO TIMES, AN ENGAGING AND THOUGHT-PROVOKING INTERVIEW PROGRAM THAT EXAMINES REGIONAL, NATIONAL, AND INTERNATIONAL NEWS; FRESH AIR WITH TERRY GROSS, WHICH COVERS POPULAR CULTURE AND PUBLIC AFFAIRS AND IS NOW HEARD BY OVER 6.4 MILLION PEOPLE EACH WEEK ON SOME 650 PUBLIC RADIO STATIONS; THE WHY, A NARRATIVE-STYLE NEWS SHOW ABOUT ISSUES AFFECTING THE PHILADELPHIA REGION; THE PULSE, A WEEKLY PROGRAM FEATURING REPORTING AND STORYTELLING AROUND HEALTH, SCIENCE AND INNOVATION AS WELL AS SKYTALK. PODCASTS SUCH AS COSBY UNRAVELED, FAMILY FAVORITE ELEANOR AMPLIFIED AND THE LIMITED SERIES SCHOOLED, OFFER CONTENT ONLINE TO FULFILL WHYY'S STRATEGIC FOCUS ON DELIVERING CONTENT ACROSS MULTIPLE PLATFORMS. ALL OF WHYY'S AUDIO PROGRAMMING IS ALSO AVAILABLE ON WHYY.ORG AS STREAMING CONTENT AND PODCAST.

PROGRAM SERVICES-FORM 990, PART III, LINE 4C

ONLINE SERVICES:

WHYY.ORG IS THE ORGANIZATION'S ONLINE HOME DELIVERING NEWS AND DIALOGUE TO MORE THAN 326,000 UNIQUE USERS EACH MONTH. SPECIAL SECTIONS ARE

Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

Name of the organization

WHYY, INC.

Employer identification number
23-1438083

DEVOTED TO ARTS AND CULTURE, HEALTH AND SCIENCE AND SPECIAL INTEREST BLOGS. WHYY CONTENT IS ALSO WIDELY DISTRIBUTED THROUGH SOCIAL MEDIA.

WHYY.ORG PROVIDES ACCESS TO ON-DEMAND PROGRAM CONTENT, FM AND TV SCHEDULES AND GENERAL INFORMATION ABOUT WHYY.

ALL OTHER PROGRAMS-FORM 990, PART III, LINE 4D
WHYY CONTINUES TO HELP INCREASE STUDENT ENGAGEMENT WITH WIDELY SUCCESSFUL
VIDEO AND AUDIO PRODUCTION CLASSES, AFTERSCHOOL PROGRAMS, SUMMER CAMPS
AND IN-SCHOOL MEDIA LABS. FOR THE PAST DECADE, WHYY PROGRAMMING HAS
TAUGHT YOUNG PEOPLE TO EXPLORE THEIR ENVIRONMENT, PROBLEM SOLVE, TELL
STORIES AND SUCCEED IN CREATIVE PROFESSIONS. WHYY ENGAGED 3,173 STUDENTS,
TEACHERS AND COMMUNITY MEMBERS IN FY18 IN HANDS-ON MEDIA ARTS TRAINING
THROUGH THE PROGRAM. TO DATE, WHYY HAS NOW SURPASSED 14,000 TOTAL
STUDENTS, TEACHERS AND COMMUNITY MEMBERS SINCE IT BEGAN ITS MEDIA ARTS
TRAINING PROGRAMS. WHYY NOW PROVIDES 34 MEDIA LABS IN PHILADELPHIA
SCHOOLS.

#### IMPACT & COMMUNITY FEEDBACK

PARTICIPANT SURVEYS FOUND THAT THE STUDENTS AND TEACHERS LEARN VIDEO AND AUDIO PRODUCTION, CRITICAL THINKING, STEM EDUCATION SKILLS AND PROBLEM SOLVING, RESEARCH, DEVELOP A STRONG SENSE OF SELF-EFFICACY AND ARE BETTER PREPARED FOR A WIDE VARIETY OF WORKPLACES. STUDENTS ARE ALSO LEARNING VALUABLE LIFE SKILLS LIKE HOW TO WORKIN TEAMS, HOW TO PLAN PROJECTS AND HOW TO SOLVE DIFFICULT PROBLEMS.

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Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

Name of the organization

WHYY, INC.

Employer identification number
23-1438083

ORGANIZATION MEMBERS OR STOCKHOLDERS-FORM 990, PT VI, SCT A, LN 6
WHYY MEMBERS MAKE CONTRIBUTIONS TO THE ORGANIZATION BUT HAVE NO GOVERNING
OR VOTING RIGHTS.

FORM 990 REVIEW PROCESS-FORM 990, PART VI, SECTION B, LINE 11B

THE 990 IS REVIEWED PRIOR TO FILING AT A MEETING OF THE FINANCE COMMITTEE

OF THE BOARD. WHYY, INC. PROVIDES A COPY OF THE 990 TO ALL BOARD MEMBERS

IMMEDIATELY AFTER THE REVIEW BY THE FINANCE COMMITTEE VIA A SECURE

WEBSITE. THE FORM IS AVAILABLE ON THE WEBSITE UNTIL WHYY, INC. FILES THE

RETURN.

CONFLICT OF INTEREST POLICY-FORM 990, PART VI, SECTION B, LN 12C
MEMBERS OF THE BOARD OF DIRECTORS MUST ANSWER AN ANNUAL QUESTIONNAIRE
REGARDING ANY POTENTIAL CONFLICTS.

DETERMINING COMP OF THE CEO-FORM 990, PART VI, SECTION B, LN 15A

THE WHYY BOARD FOLLOWS BEST PRACTICES IN ESTABLISHING ITS EXECUTIVE

COMPENSATION PROGRAM, DEPENDING EXCLUSIVELY UPON ADVICE AND ANALYSIS FROM

RECOGNIZED INDEPENDENT CONSULTANTS. THE RESULTANT EXECUTIVE COMPENSATION

ARRANGEMENTS CONTAIN AN APPROPRIATE MIX OF BASE SALARY AS WELL AS

VARIABLE SHORT AND LONG-TERM BENEFITS TIED TO PERFORMANCE METRICS.

COMPENSATION DESIGN IS THEREFORE DRIVEN TO BE COMPETITIVE WITH OTHER

REGIONAL FOR- AND NOT-FOR-PROFITS OF SIMILAR SIZE AND COMPLEXITY IN AND

OUT OF THE MEDIA SECTOR.

PUBLIC AVAIL OF FINANCIALS-FORM 990, PART VI, SECTION C, LINE 19
UPON REQUEST OF A MEMBER OF THE PUBLIC, ALL SUCH POLICIES AND STATEMENTS

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization Employer identification number WHYY, INC. 23-1438083

ARE AVAILABLE FOR INSPECTION. ALL ARE HOUSED IN EITHER WHYY'S PUBLIC FILES OR THE LEGAL OR HUMAN RESOURCES DEPARTMENT.

\* COMPENSATION - FORM 990, PART VII, SECTION A

COMPENSATION

WHYY HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN (KEYSOP) FUNDED THROUGH DEFERRED COMPENSATION OF ELIGIBLE EMPLOYEES. FOR MR. MARRAZZO, OPTIONS IN THE KEYSOP BECAME DUE BEGINNING WITH HIS 65TH BIRTHDAY IN 2014 AND WILL CONTINUE THROUGH 2018.

COMPENSATION INCLUDED IN COLUMN D IS REPORTED IN ACCORDANCE WITH IRS GUIDELINES, WHICH REQUIRE THAT ALL NOT-FOR-PROFIT ORGANIZATIONS REPORT DEFERRED EMPLOYEE COMPENSATION BOTH IN THE YEAR THAT IT IS EARNED AND THEN AGAIN IN THE YEAR THAT IT IS DISBURSED. AS A RESULT, INCLUDED IN THE W-2 COMPENSATION FOR MR. MARRAZZO IS \$49,378 OF PAYMENTS ASSOCIATED WITH OPTIONS EXERCISED UNDER THE KEYSOP. WHYY PREVIOUSLY INCLUDED THE VALUE OF THESE OPTIONS IN MR. MARRAZZO'S COMPENSATION IN PRIOR YEARS AND THEREFORE THE VALUE OF THE PAYMENTS IS NOT ADDITIONAL COMPENSATION TO HIM FOR THE 2017 CALENDAR YEAR COVERED BY THE W-2 REPORTED HERE.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION

PROGRAM PRODUCTION 772,130. ARTS ADVANCE, INC

927 REMINGTON ROAD WYNNEWOOD, PA 19096

ALLEGIANCE FUNDRAISING GROUP DIRECT RESPONSE MKTG

733,926.

Schedule O (Form 990 or 990-EZ) 2017

Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

Name of the organization

WHYY, INC.

Employer identification number
23-1438083

ATTACHMENT 1 (CONT'D)

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
3064 49TH STREET SOUTH FARGO, SD 58104		
DONOR DEVELOPMENT STRATEGIES, LLC 141 UNION BOULEVARD, SUITE 300 LAKEWOOD, CO 80228	DOOR-TO-DOOR CANVASS	464,380.
NEXT GENERATION FUNDRAISING, INC 1235 WESTLAKES DRIVE, SUITE 130 BERWYN, PA 19312	DIRECT RESPONSE MKTG	391,161.
ECHODATA GROUP, INC. 735 FOX CHASE, SUITE 101	ORDER FULFILLMENT	242,885.

ATTACHMENT 2

#### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

COATESVILLE, PA 19320

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
MUTUAL FUNDS-FIXED INCOME		1,543,391.	34,871.
MUTUAL FUNDS-EQUITY		5,480,398.	12,178,539.
EXCHANGE TRADED FUNDS		2,023,967.	1,646,264.
COMMON STOCK		826,021.	853,625.
CORPORATE BONDS		451,264.	403,736.
TREASURY BONDS		145,749.	143,579.
SHORT TERM BONDS			3,491,692.
	TOTALS	10,470,790.	18,752,306.