Form	9	9	0
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# **Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047 Q Open to Public

Inter	nal Revenu	ue Service	Information	about Form 990 and its	instruction	is is at ww	w.irs.gov	/form990.		Inspecti	ion
AF	or the	2019 cale	endar year, or tax year beg	inning 07/	′01 <b>,201</b> 9	9, and en	ding		06/30	), <b>20</b> 20	
_			me of organization					D Employer ide	entificatior	number	
<b>B</b> c	heck if appli	icable: SE	ESAME WORKSHOP								
	Address change		ng Business As					13-2655	5731		
	Name ch	NI	mber and street (or P.O. box if mail is	s not delivered to street address	s)	Room/suit	e	E Telephone n	umber		
	Initial re	10	900 BROADWAY					(212) 59	5-3456	5	
	Termina	City	y or town, state or province, country,	, and ZIP or foreign postal code	!			, ,			
	Amende		EW YORK, NY 10023					G Gross receip	ts \$ 5	65,869	.071
	return Applicat	tion <b>F</b> Nar	me and address of principal officer:	STEPHEN YOUNG	WOOD			H(a) Is this a grou		Yes	XN
	pending	1	900 BROADWAY, NEW YO					subordinates H(b) Are all subord			
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) (		4947(a)(1)	or	527		ch a list. (see		
÷			.SESAMEWORKSHOP.ORG	)	4947 (a)(1)	01	521	H(c) Group exem			
-		-	X Corporation Trust	Association Other		L Voi	or of forma	tion: 1970 <b>M</b>			NY
	art I	Summar		Association	-				State of leg		
			,				TQ TC	חדא מודה			
			ribe the organization's mission	or most significant activities	: OOK M				S GROW		<u> </u>
nce											
Governance				· · · · · · · · · · · · · · · · · · ·							
ove		Check this b	•	discontinued its operation	•				1 1		20.
	3 N	Number of N	voting members of the governin	g body (Part VI, line 1a)					3		18.
es			independent voting members of						4	1	
Activities &			er of individuals employed in ca						5	,	,268.
\cti	<b>6</b> T	otal numbe	er of volunteers (estimate if nece	ssary)					6		0.
۹			ted business revenue from Part						7a		2,068
	b N	Vet unrelate	ed business taxable income from	1 Form 990-T, line 34		<u></u>	<u></u>		7b		5,560
								Prior Year	-	Current Y	
ē	<b>8</b> C	Contribution	ns and grants (Part VIII, line 1h)		COF	PY FOR	ר	66,175,31		88,573	
Revenue	<b>9</b> P	Program se	rvice revenue (Part VIII, line 2g)			INSPECTIO		64,558,69		118,900	
Re			income (Part VIII, column (A), lir					2,871,11		1,550	
	<b>11</b> C	Other reven	ue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			•	36,292,86		37,048	
			ue - add lines 8 through 11 (mus					L69,897,98		246,073	
			similar amounts paid (Part IX, co					14,178,68		22,785	s, 598
			id to or for members (Part IX, col						0.		(
es			her compensation, employee ber					68,825,04		72,039	
Expenses	<b>16a</b> ₽	Professiona	I fundraising fees (Part IX, colum	ın (A), line 11e)				70,00	10.	69	9,516
с Ц			aising expenses (Part IX, column		881,158		_				
	<b>17</b> C	Other exper	nses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			•	63,666,27		113,310	
	<b>18</b> T	otal expension	ses. Add lines 13-17 (must equa	al Part IX, column (A), line 2	25)			146,740,00		208,204	
	<b>19</b> R	Revenue les	ss expenses. Subtract line 18 fro	m line 12		<u></u>		23,157,98		37,868	3,632
Net Assets or Fund Balances								ning of Current Y		End of Yea	
sset	<b>20</b> T		(Part X, line 16)					393,803,38		433,633	
d B B B B B B B B B B B B B B B B B B B	<b>21</b> ⊺	otal liabiliti	ies (Part X, line 26)				-	98,617,35		92,031	
S <sup>T</sup>	22 N	let assets o	or fund balances. Subtract line 2	21 from line 20		<u></u>	. 2	295,186,02	9.	341,601	.,480
	rt II	Signatu	re Block								
Un	der pena	alties of perju	ry, I declare that I have examined t ete. Declaration of preparer (other that	his return, including accompa	anying sched	Jules and sta	atements,	and to the best of	my knowl	edge and be	elief, it i
		t, and compit			nation of wi		i nas any k				
0:-		<b></b>									
Sig		Signat	ure of officer					Date			
Не	e	<b></b>									
			or print name and title								
<b>P</b> . •		Print/Type p	reparer's name	Preparer's signature		Date		Check	if PTIN		
Paic	12	SCOTT T	HOMPSETT	Seth Shompett		5/14	4/2021	self-employ	ed PO(	0741490	
	parer –	Firm's name	► GRANT THORNTON	LLP				Firm's EIN 🕨	36-605	5558	
USE	⊖Only ⊢		C 757 THIRD AVENUE 3RD	FLOOR NEW YORK NV 1001	7-2013				212-59	9-0100	

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	umbe	r (TIN)	)
Type or print	SESAME WORKSHOP			13-265573	1		
<ul> <li>File by the</li> </ul>	Number, street, and room or suite no. If a P.O. bo	v soo instru	ctions	15 205575	±		
due date for	1900 BROADWAY						
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress see instructions				
instructions.	NEW YORK, NY 10023	a roreigir au					
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			01
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-B	L	02	Form 1041-A	,			08
Form 4720	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-P		04	Form 5227	,			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
<ul> <li>If the org</li> <li>If this is f for the who a list with th</li> </ul>	The No. $\blacktriangleright$ 212 595-3456 anization does not have an office or place of or a Group Return, enter the organization's fo le group, check this box $\blacktriangleright$ . It is names and TINs of all members the extension of the provide the state of the state o	business ir ur digit Gro f it is for pa ion is for.	oup Exemption Number ( art of the group, check t	ck this box		_ If and a	this is attach
•	est an automatic 6-month extension of time use organization named above. The extension is	-		21, to file the exemp	torg	aniza	ition return
2 If the t	calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 m Change in accounting period					20	
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	D, or 6069, enter the	tentative tax, less any			
nonref	undable credits. See instructions.				3a	\$	0.
<b>b</b> If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and			
estima	ated tax payments made. Include any prior yea	ar overpayr	nent allowed as a credit		3b	\$	0.
c Balan	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS		<u> </u>	
(Electi	ronic Federal Tax Payment System). See instru	ictions.			3c	\$	0.
Caution: If yo	u are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, se	e Form 8453-EO and Forr			for payment
instructions.							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	SESAME WORKSHOP	13-2655731
orm 990 (2019		Page 2
Part III	Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III	X
	scribe the organization's mission:	
•	WORKSHOP'S MISSION IS TO HELP KIDS GROW SMARTER, STRONGER AN	D
KINDER.		
	rganization undertake any significant program services during the year which were not	
lf "Ves " d	n 990 or 990-EZ? escribe these new services on Schedule O.	
	organization cease conducting, or make significant changes in how it conducts, a	anv program
	escribe these changes on Schedule O.	
	the organization's program service accomplishments for each of its three largest pro	
	Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of expenses, and revenue, if any, for each program service reported.	grants and allocations to others
1a (Code:	) (Expenses \$ 121,913,810. including grants of \$ 170,554. ) (Revenue)	IP \$ 120 691 483 )
		μφ;
4b (Code:	) (Expenses \$ 12,818,709. including grants of \$ 1,302,498. ) (Revenu	Je\$ 212,846.)
	HMENT 2	·
c (Code:	) (Expenses \$ 9,764,673. including grants of \$ 45,900. ) (Revenu	<b>Je \$</b> 498. )
ATTAC	HMENT 3	
d Other pro	gram services (Describe on Schedule O.) ATTACHMENT 4	
(Expense	<b>3</b> ····································	o. )
	gram service expenses ► 180,829,171.	
SA E1020 2.000		Form <b>990</b> (2019)
4898	CE 700J 5/14/2021 8:55:14 AM V 19-8.4F 0172772-00	DOO8 PAGE

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.         Yes No           Is the organization required to complete Schedule B. Schedule C Part I.         Image: Schedule C Part	-	990 (2019)		F	Page
1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.         1         X           2         Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer II "Yes," complete Schedule C, Part I.         3         X           3         Did the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar anouths as define for Revuer Proceedure 89-107 (Wes," complete Schedule C, Part I.         4         X           4         Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part I.         5         X           5         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical across rivestimation for anounts on tildeness T.         5         X           6         Did the organization report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custodian for amounts on tilsed in Part X, ine 21, for escrow or custolial account liability, serve as a custodian for amounts on tilsed in Part X, ine 121, for yes, 'complete Schedule D, Part V         9         X           10         Did the organization, direct serve to any other labeled organization, hold assets in donor-restricted endowments' or in quasi endowments' II "Yes,' complete Schedule D, Part V         11         X           11         If the organization report a	Part	IV Checklist of Required Schedules		Voc	No
complete Schedule A.         1         1         X           2         15 the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public officer 11 "Vesc" complete Schedule C. Part I.         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) dide. Schedule C. Part I.         4         X           5         Is the organization anisotion 501(c)(4). S01(c)(5), or 501(c)(6) organization that receives membership due, assessmens, or similar amounts a defined in Revenue Procedure 9H? If "Ves," complete Schedule C. Part I.         5         X           7         Did the organization maintain any doorn advesed 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds.         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ves." complete Schedule D. Part I.         8         X           9         Ut the organization asset to any of the following questions is "Yes," then complete Schedule D. Part N.         9         X           10         the organization report an amount for laws schedule D. Part N.         10         X         11         X           9         X         10	1	is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Ves"		Tes	NO
<ul> <li>2 Is the organization required to complete Schedule B, Schedule C, Contributors (see instructions)?</li> <li>3 Did the organization again indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>II</i> 'Yes,' complete Schedule C, Part II,</li> <li>4 Section 501(c)(3) organizations. Did the organization angage in indivitying activities, or have a section 501(c)(4).</li> <li>5 Is the organization ascotton 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as define in Revene Procedure 98-197 / Yes,' complete Schedule C, Part II,</li> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide valve on the dat conservation assement, including easements to preserve open space, the environment, historic land areas, or historic attrustures? <i>II</i> 'Yes,' complete Schedule D, Part II,</li> <li>7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X. or provide credit counseling, debt management, credit repair, or debt neganization, naives the organization, naives the organization, and serve to any of the following questions is 'Yes,' then complete Schedule D, Part II,</li> <li>7 Did the organization framewer to any of the following questions is 'Yes,' then complete Schedule D, Part VI,</li> <li>9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 <i>II</i> 'Yes,' complete Schedule D, Part VI,</li> <li>11 Did the organization report an amount for other sacurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes,' complete Schedule D, Part VII.</li> <li>11 Did the organization report an amount for other stase the organization angaination difference schedule D, Part VII.</li> <li>11 Did the organization report an amount for threst schedule D, Part VII.</li></ul>	•		1	x	
<ul> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer II "Vss," complete Schedule C, Part I.</li> <li>4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(r), the tax year // "Yss," complete Schedule C, Part II.</li> <li>5 Is the organization ascheding advised funds or any similar funds or accounts? // "Yss," complete Schedule D, Part II.</li> <li>6 X</li> <li>7 Did the organization ascheding advised funds or any similar funds or accounts? // "Yss," complete Schedule D, Part II.</li> <li>8 Did the organization ascheding advised funds or asy similar funds or accounts? // "Xss," complete Schedule D, Part II.</li> <li>9 Did the organization ascheding a transmitting any donor advised funds or accounts? // "Xss," complete Schedule D, Part II.</li> <li>9 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic at macunt in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. in provide credit counseling, debt management, credit repair, or debt negonization, exponent eSchedule D, Part IV.</li> <li>10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yss," complete Schedule D, Part V.</li> <li>11 It x</li> <li>11 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yss," complete Schedule D, Part V.</li> <li>11 Did the organization server to any of the following questions is "Yss," then complete Schedule D, Part V.</li> <li>11 Did the organization schedized mancul to rivestimeths-other sacurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 // "Yss," complete Schedule D, Part V.</li> <li>11 Did the organization schedized mancul to rother assets in Part X, line 13 that is 5% or more of its total assets</li></ul>	2			X	
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year // "res" complete Schedule D, Part I.         4         X           5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 // "res", complete Schedule D, Part II.         5         X           6         X         Y         Y         Scomplete Schedule D, Part II.         5         X           7         Viet organization maintain any donor advised trutks or any similar finds or accounts? // "yes," complete Schedule D, Part II.         6         X           7         Viet do organization report an amount in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ion Part IV.         8         X           9         Joid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part IV.         9         X           10         It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V.         11         X           11         L         X         11         X         11         X           12         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V.	3				
election in effect during the tax year? If "Yes," complete Schedulo C, Part II.       4       X         5       is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II "Yes," complete Schedule C, Part II.       5       X         6       Did the organization reactive or hold a conservation easement, including easements to preserve open space, the environment, historical ad accoss of tructures? If "Yes," complete Schedule D, Part II.       7       X         7       Did the organization reactive or hold a conservation easement, including easements to preserve open space, the environment, historical ad accoss of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X. ine 71, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V.       9       X         10       Did the organization, report an amount for investment-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization report an amount for investment-other securities in Part X, line 12 that is 5% or more of its total assets propred in Part X, line 16? If "Yes," complete Schedule D, Part X.       114       X         12       Did the organization report an amount for investments-order securities in		candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
5       Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 // Yes, "complete Schedule C, Part II         Did the organization maintain any donor advised fundos 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 for the investment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II.       6       X         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II.       7       X         8       X       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, ine provide credit counseling, dobt management, credit repair, or due to reganization servers of my of the following questions is "Yes," then complete Schedule D, Part VI.       9       X         10       LX       If the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI.       10       X         11       If the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VI.       116       X         12       Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 16? II "Y	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 8E-19? If "Yes," complete Schedule C, Part II       5       X         6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors? If "Yes," complete Schedule D, Part I,       6       X         7 Did the organization requeries of historic structures? If "Yes," complete Schedule D, Part II,       7       X         8 Did the organization requeries of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II,       8       X         9 Did the organization requeries and structures? If "Yes," complete Schedule D, Part II,       8       X         9 Did the organization, fuelocity of trong a related organization, hold eaciest in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V,       9       X         10 Did the organization, fuelocity of trong and a related organization, fuelos and assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V,       9       X         11 If the organization, fuelor an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V,       10       X         12 Did the organization report an amount for lands, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X,       111       X         13 Did the organization report an amount for lands, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X,       111       X      <			4	X	
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "ros," complete Schedule D, Part II.       X         7       Did the organization receive or hold a conservation easement, including easements to preserve ones pace, the environment, historic land creas, or tother similar assets? If "ros," complete Schedule D, Part II.       7         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 neganization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "res," complete Schedule D, Part V.       9       X         10       Did the organization popt an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part VI.       10       X         11       It as applicable.       11       X       11       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part VI.       11       X         11       X       In 16? If "res," complete Schedule D, Part VI.       11       X         11       X       In 16? If "res," complete Schedule D, Part VI.       11       X         11       X       In 61? If "res," complete Sched	5				
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If       6       X         7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization services? If "Yes," complete Schedule D, Part IV.       9       X         10 Did the organization, report an amount for low ganization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V.       10       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11a       X         12 Did the organization report an amount for investments-orber securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11b       X         13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11b       X			5		X
***Pes** complete Schedule D, Part I,       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neoganization, serve complete Schedule D, Part VI.       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part VI, VII, VIII, X, or X as applicable.       10       X         10       Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, VII, X, or X as applicable.       1116       X         111       X       Did the organization report an amount for investments-order securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       116       X         111       X       Did the organization report an amount for other assets in Part X, line 13. That is 5% or more of its total assete reported in Part X, line 16? If "Yes," complete Sche	6				
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.</li> <li>8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.</li> <li>9 Did the organization frecty or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.</li> <li>10 Di the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.</li> <li>11 Di the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>11 Di X</li> <li>11 Di the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>11 Di X</li> <li>11 Di the organization separate or consolidated financial statements for the tax yee?? If "Yes," complete Schedule D, Part X.</li> <li>11 Di X</li> <li>12 Did the organization incomplicate financial statements for the tax yee?? If "Yes," and if the organization include a formore than \$5,000 of grans or other assistance to or for toreign individuals? If "Yes," complete Schedule D, Part X.</li> <li>12 Did the organization included in consolidated financial statements for the tax yee?? If "Yes," and if the organization nanewere TW' to line 12a, then completing Schedule D, Part X.</li></ul>					v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II,       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, iprovide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         11       Bid the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       X         11       Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11b       X         11       Did the organization report an amount for other assets in Part X, line 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         11       Did the organization separate or	7		6		
<ul> <li>Both the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'' complete Schedule D, Part II</li> <li>Did the organization services? If 'Yes,'' complete Schedule D, Part IV.</li> <li>Did the organization included in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian services? If 'Yes,'' complete Schedule D, Part IV.</li> <li>Did the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, IV, or X as applicable.</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI.</li> <li>Did the organization report an amount for other tabels in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI.</li> <li>Did the organization report an amount for other tabels in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X.</li> <li>Did the organization station separate, independent audited financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X.</li> <li>Did the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X and XII is optional tax positions under FIN 48 (ASC 740)? If 'Yes,'' complete Schedule D, Part X and XII is optional tax positions under FIN 48 (ASC 740)? If 'Yes,'' complete Schedule D, Part X and XII is optional tax positions under FIN 48 (ASC 740)? If 'Yes,'' complete Schedule D, Part X and XII is optional tax positions under FIN 48 (A</li></ul>	1		7		x
complete Schedule D, Part III       8       X         9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         10 Did the organization, directly or through a related organization, long and endowments? If "Yes," complete Schedule D, Part V       9       X         11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       10       X         12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.       11a       X         13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         14 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         15 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         11d       X       11d       X       11d       X         12a Did the organization report an amount for other assets in Part X, line 15? If "Yes," c	8		<b>-</b>		
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part N       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VX, or X as applicable.       10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments-orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11b       X         11       Did the organization report an amount for other stasets in Part X, line 13. that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11b       X         11       Did the organization included in consolidated financial statements for the tax yees?       11t       X         12       Did the organization included in section 170(b(1)(1A(0)?) If "Yes," complete Schedule D, Part X       11t       X         12       Did the organization a school described in section 170	U		8		x
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debt negotiation services? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, iterative or invouges endowments?       9       X         11       If the organization are structure or invouges endowments?       17 % if the organization report an amount for land, buildings, and equipment in Part X, line 10?       17 % if the organization report an amount for land, buildings, and equipment in Part X, line 10?       11 % Yes,"         11       If the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?       11 % Yes,"       11 % X         11       Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?       11 % X       11 % X         11       Did the organization report an amount for other assets in Part X, line 15?       17 % S, "omplete Schedule D, Part X / Int 15       11 % X         11       Did the organization report an amount for other assets in Part X, line 15?       17 % S, "omplete Schedule D, Part X / Int 20       11 % X         12       Did the organization included in consolidated financial statements for the tax year?       11 % X       11 % X         12       Did the organization neoport on amount for other labilities in Part X, line 25?       17 % S, "omplete Schedule D, Part X / M       11 % X         12       Did the organization report an amount for o	•				
<ul> <li>10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>11a X</li> <li>11</li></ul>			9		Х
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable.       Image: Complete Schedule D, Part VI, VII, VII, VX, 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.       Image: Complete Schedule D, Part VI.         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       Image: Complete Schedule D, Part VIII.         c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       Image: Complete Schedule D, Part VIII.         c Did the organization report an amount for other assets in Part X, line 25? If 'Yes," complete Schedule D, Part X       Image: Complete Schedule D, Part X         f Did the organization othain separate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X X and XII is optional       Image: Complete Schedule D, Part X         12       Did the organization maintain an office, employees, or agenes outside of the United States?       Image: Complete Schedule D, Part X         13       Is the organization report an and program service activities outside the United States?       Image: Complete Schedule D, Part X         14       X       Image: Complete Schedule D, Part X       Image: Complete Schedule D, Part X <td>10</td> <td></td> <td></td> <td></td> <td></td>	10				
VII, VIII, X, 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       X         b) Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       11b       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       11d       X         e) Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         112a       Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         112b       X       11d       X       11d       X         112a       Did the organization isoluted in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional       11t       X         112b       X       11d       X       11d       X       11d       X         111d<		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
<ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part XI</li> <li>c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part XIII.</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part XIII.</li> <li>e Did the organization report an amount for other assets in Part X, line 25? <i>II</i> "Yes," complete Schedule D, Part X</li> <li>110 X</li> <li>111 X</li> <li>112 X</li> <li>114 X</li> <li>116 X</li> <li>116 X</li> <li>117 X</li> <li>118 X</li> <li>110 X</li> <li>110 X</li> <li>110 X</li> <li>1110 X</li> <li>1110 X</li> <li>1110 X</li> <li>1110 X</li> <li>1110 X</li> <li>1111 X</li> <li>112 X</li> <li>1111 X</li> <li>112 X</li> <li>1111 X</li> <li>112 X</li> <li>111 X</li> <li>111 X</li> <li>112 X</li> <li>111 X</li> <li>111 X</li> <li>112 X</li> <li>111 X</li> <li>112 X</li> <li>111 X</li> <li>111 X</li> <li>112 X</li> <li>114 X</li> <li>115 X</li></ul>	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       X       11t       X       11t       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d <t< th=""><td></td><td></td><td></td><td></td><td></td></t<>					
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b X         c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VII.       11d X         e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets the organization's iseparate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.       11e X         12a       X         b Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts I and IV.       11a X         13 Is the organization naminatian an office, employees, or agents outside of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign invivulas? If "Yes," comp	а				
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<ul> <li>c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>11d X</li> <li>e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>b Did the organization nanswerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>13 Is the organization maintain an office, employees, or agents outide of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>15 Did the organization report a total of more than \$10,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report a total of Sto.000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I (see instructions).</li> <li>17 X 14a</li> <li>18 X</li> <li>19 Did the organization report more than \$15,000 of grass income and contributions on Part VIII, line 36? If "Yes," complete Schedule G, Part II</li> <li>19 X</li> </ul>	b		446	v	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets       11d       X         e Did the organization report an amount for other assets in Part X, line 27. If "Yes," complete Schedule D, Part X       11d       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional       11d       X         12a       Was the organization askered "No" to line 12a, then completing Schedule D, Part X and XI is optional       11a       X         13       Is the organization naintain an office, employees, or agents outside of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for reign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report more than \$15	•		110	A	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       110       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111e       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII.       111f       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional       111f       X         13 Is the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for origni individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).       17       X         17       X         18       X	C		110		x
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Part X and XII is optional       12a       X         b Was the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.       13       X         14a Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garents or other assistance to or for roganization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Part II and IV       15       X         14       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       16       X	Ь				
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f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	е			X	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E,					
Schedule D, Parts XI and XII.       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If       "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II (see instructions).       17       16       X         17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Par		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?         If "Yes," complete Schedule G, Part III	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
If "Yes," complete Schedule G, Part III			18	X	
	19				
	~ ~				
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0			200		
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	21		21	x	

Form **990** (2019) PAGE 4

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Form 990 (2019)

Part	V Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
ام	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
20 d	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	X	А
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.5%	Х	
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 548			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(00:0)
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Page **4** 

Form 990 (2019)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 1,268			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country  ATTACHMENT 5			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	90 (2019) SESAME WORKSHOP 13-265	5731	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Sect	ion A. Governing Body and Management			Λ
0000			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	_		
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Did the organization have members or stockholders?	0		
	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,	7b		x
8	stockholders, or persons other than the governing body?	1.5		
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<u>,</u>	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		37	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	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			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a 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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		x
	with a taxable entity during the year?	16a		
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	4.01		
Section	organization's exempt status with respect to such arrangements?	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 6 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(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 on Schedule O)	,200		(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record DARYL MINTZ, EVP & CFO 1900 BROADWAY NEW YORK, NY 10023 (212)595-3456	s 🕨		
JSA		Form	990	(2019)
9E1042	2.000			,

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. See instructions for the order in which to list the persons above.

(0)

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation from the	compensation from related	of other
	per week (list any		_		-		, 	organization	organizations	compensation from the
	hours for	Individual trustee or director	nstitutional	Officer	Key employee	ligh	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dividual t director	tutio	ë,	due	est o	ler			related organizations
	organizations below	r tr	nali		loye	<sup>e</sup> <sup>o</sup> <sup>m</sup>				
	dotted line)	stee	trustee		e	Dens				
			ee			Highest compensated employee				
						<u>u</u>				
(1)JEFFREY DUNN	60.00									
PRESIDENT/CEO	2.00	X		Х				903,418.	0.	59,966.
(2) STEPHEN YOUNGWOOD	60.00									
PRESIDENT, MEDIA & EDU. & COO	0.				Х			615,765.	0.	35,712.
(3) SHERRIE WESTIN	60.00									
PRESIDENT GLOBAL IMPACT&PHILAN	0.				Х			594,852.	0.	33,772.
(4) JEAN BROWN JOHNSON	60.00									
EVP/CREATIVE DIR. (THRU 05/20)	0.				Х			527,254.	0.	42,185.
(5)MICHAEL H LEVINE (THRU 10/19)	60.00									
CHIEF KNOWLEDGE OFFICER	0.					Х		483,760.	0.	42,995.
(6)JOSEPH SALVO	60.00									
EVP GENERAL COUNSEL	2.00			Х				457,100.	0.	69,432.
(7) DARYL MINTZ	60.00	-								
EVP, CFO	2.00			Х				439,629.	0.	69,658.
(8) TANYA Z. HAIDER	60.00	-								
EVP STRATEGY RESEARCH&VENTURES	0.					X		409,517.	0.	58,925.
(9) GORDON SCOTT CHAMBERS	60.00	-							_	
SVP/GM, EDU. MEDIA & LICENSING	0.					X		398,265.	0.	59,971.
(10) SHEILA M. KELLY	60.00	-							_	
CHIEF DEVELOPMENT OFFICER	0.					X		398,134.	0.	53,320.
(11) GEORGE E. WELLS	60.00	-								
SVP, HEAD OF INTL MEDIA & EDUC	0.					X		407,507.	0.	41,646.
(12) KAY N. WILSON STALLINGS	60.00	-								01 01 0
EVP, CREATIVE & PRODUCTION	0.				X			377,928.	0.	21,219.
(13) JANE HARTLEY	1.00									_
CHAIRMAN OF THE BOARD	0.	X						0.	0.	0.
(14) JOAN GANZ COONEY	.50							•		_
CHAIRMAN OF EXECUTIVE COM.	0.	X						0.	0.	0.

Form 990 (2019)

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Form 9	990 (2019) VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	ove	es.	and H	lia	hest Compensat	ed Employees (a	ontinue		ge <b>8</b>
	(A)	(B)	<u> </u>			C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than c is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Est am	timated ount of other pensation	
		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)	frc orga and	om the anization d related inizations	
	LLOYD N. MORRISETT CHAIRMAN EMERITUS OF THE BOARD	.50	x						0	. 0.			0
	JEFFREY N. WATANABE, ESQ. CHAIRMAN EMERITUS OF THE BOARD	.50	x						0	. 0.			0
17)	RACHEL HINES TRUSTEE	1.00	x						0	. 0.			0
18)	ADAM FRANKEL	1.00											
19)	TRUSTEE FRANS HIJKOOP	0.	X						0	. 0.			0
20)	TRUSTEE MILTON CHEN, PHD	0.	X						0	0.			0
	TRUSTEE MARLENE HESS	0.	X						0	. 0.			0
	TRUSTEE MICHAEL MANASSE	0.	X						0	. 0.			0
	TRUSTEE DR. AMY BETH JORDAN	0.	X						0	. 0.			0
	TRUSTEE JEFFREY WEISS	0.	x						0	. 0.			0
	TRUSTEE	0.	x						0	. 0.			0
25) 	PAUL LINDLEY TRUSTEE	.50	x						0	. 0.	L		0
	Sub-total								6,013,129.	0.	5	588,80	$\frac{01.}{0.}$
	Fotal from continuation sheets to Part VII, S         Fotal (add lines 1b and 1c)	-	• • •	• •	• •	• •			6,013,129.	0.	5	588,80	
2	Total number of individuals (including but not eportable compensation from the organization	limited to t		liste			e) who	o re					
	Did the organization list any <b>former</b> offic				uste	e,	key e	emp	loyee, or highes	t compensated		Yes	No
	employee on line 1a? If "Yes," complete Sched										3		X
C	organization and related organizations ground in the state of a st	eater than	\$15	50,0	00?	∘́I†	"Yes	s," (	complete Schedu	le J for such	4	X	
5 [	Did any person listed on line 1a receive or or services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		x
	ion B. Independent Contractors												
C	Complete this table for your five highest com compensation from the organization. Report c rear.												

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
A	TTACHMENT 7		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 82	e listed above) who received	

(A) Name and title	(B)			(C	1			(D)	(E)	(F)
	Average hours per week (list any	•	not ch		more	than or s both a		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	office of or director				r/truster Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
) ANN RUBINSTEIN TISCH	1.00	v						0	0	
TRUSTEE ) JENNA MACK	0.	X					$\rightarrow$	0	0.	
TRUSTEE	0.	x						0	0.	
) VARUN CHANDRA	.50									
TRUSTEE	0.	Х						0 .	0.	
) LEE EASTMAN	.50		1	Ţ	Ţ	T	Ţ			
TRUSTEE ) GABRIELLE SULZBERGER	0.	X		-+			_	0 .	0.	
TRUSTEE		x						0	0.	
) KATHLEEN G. ELSESSER	.50			-+	-+		$\neg$		<b>```</b>	
TRUSTEE (AS OF 06/17/20)	0.	X		$\square$				0	0.	
b Sub-total								0.	0.	
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)					••	• •				
Total number of individuals (including but reportable compensation from the organized	not limited to the		liste				rec	ceived more than	\$100,000 of	
· · · · · · · · · · · · · · · · · · ·										Yes
Did the organization list any former employee on line 1a? If "Yes," complete Se										3
For any individual listed on line 1a, is										
organization and related organizations	s greater than	\$15	50,00	20?	lf	"Yes,	," С	complete Schedu	le J for such	
individual										<b>4</b> X
Did any person listed on line 1a receiv for services rendered to the organization?										5
ection B. Independent Contractors Complete this table for your five highest										
compensation from the organization. Rep year.	on compensation	on tor	the	cale	enda	ar yea		naing with of with	in the organizatio	nstax
(A) Name and busines	ss address							<b>(B)</b> Description of se	rvices	<b>(C)</b> Compensation
							1			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA 9E1055 1.000

Form	990 (2	2019) SESAME WORK	SHOP			13-26557	'31 Page <b>9</b>
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a respor	se or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
iran oun	b	Membership dues					
Ån.G	с	Fundraising events 1c	1,470,340.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations					
	е	Government grants (contributions) 1e	3,212,300.				
r Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1 1f	83,891,274.				
d Ot	g	Noncash contributions included in lines 1a-1f.	r				
anco	h	Total. Add lines 1a-1f		88,573,914.			
			Business Code				
e	2a	EDUCATIONAL CONTENT DISTRIBUTION	900099	118,900,107.	118,212,515.	687,592.	
ervi	b						
n S ent	с						
lran Rev	d						
Program Service Revenue	е						
<u>م</u>	f	All other program service revenue	<b></b>	110 000 107			
	g	Total. Add lines 2a-2f		118,900,107.			
	3	Investment income (including dividends, other similar amounts)		1,656,274.		42,772.	1,613,502.
	4	Income from investment of tax-exempt bond	. [	0.		,	
	5	Royalties	·	35,149,755.		161,704.	34,988,051.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory <b>7a</b> <sup>319,399,606.</sup>					
Ð	b	Less: cost or other basis					
anue		and sales expenses 7b 319,505,065.					
eve	с	Gain or (loss) 7c -105,459.					
r R	d	Net gain or (loss)		-105,459.			-105,459.
Other Reven	8a	Gross income from fundraising					
0		events (not including \$1,470,340.					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	105,694.	-105,694.			-105,694.
	с 9а	Gross income from gaming		100,004.			100,004.
	54	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	2,189,415.				
		Less: cost of goods sold <b>10b</b>	184,695.	0.001.505	0.001.505		
	C	Net income or (loss) from sales of inventory.	► Business Code	2,004,720.	2,004,720.		
Miscellaneous Revenue	14-						
ane	11a b						
eve:	D D						
lisc	d	All other revenue					
2	е	Total. Add lines 11a-11d		0.			
10.4	12	Total revenue. See instructions		246,073,617.	120,217,235.	892,068.	36,390,400.
JSA 9E105	1 2 000						Form 990 (2019)

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 15,674,171 15,674,171. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 7,111,427. 7,111,427. Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 4,382,257. 3,936,799. 268,602 176,856. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 54,695,160. 40,637,113. 11,664,532. 2,393,515. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 3,258,255. 2,166,353. 819,266. 272,636. section 401(k) and 403(b) employer contributions) 1,121,830 6,006,979 4,490,527. 394,622. 9 Other employee benefits 3,696,893. 2,545,065. 889,830. 261,998. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 1,284,448. 1,024,061. 251,458 8,929. b Legal 638,399. 103,243. 531,780 3,376. c Accounting 0 d Lobbying 69,516. 69,516. e Professional fundraising services. See Part IV, line 17. 1,515,571 1,515,571. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 3,987,202. 2,949,805. 944,167 93,230. (A) amount, list line 11g expenses on Schedule O.) 698,508. 30,595 406,746. 1,135,849. 12 Advertising and promotion 57,099. 2,364,006. 1,822,898. 484,009 13 Office expenses 2,980,462. 2,367,891. 472,939. 139,632. 14 Information technology 1,714,193. 1,714,193. Royalties 15 7,018,835. 4,931,362. 1,803,391 284,082. Occupancy 16 2,365,545. 2,071,008. 206,941 87,596. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 590,413. 275,224. 307,727 7,462. 19 Conferences, conventions, and meetings 42,443. 42,443. Interest 20 0 21 Payments to affiliates 5,078,680. 4,164,921. 787,225 126,534. 22 Depreciation, depletion, and amortization 402,977. 350,173. 27,549. 25,255. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PRODUCTION EXPENSE 81,215,645. 81,215,645. BAD DEBT EXPENSE 475,140. 475,140. cDISTRIBUTION EXPENSE 103,644 103,644. dMISCELLANEOUS EXPENSE 396,875. 324,801. 72,074. e All other expenses 208,204,985 180,829,171. 22,494,656 4,881,158. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA

9E1052 2.000

following SOP 98-2 (ASC 958-720)

Page **11** 

Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0. Cash - non-interest-bearing ..... 0. 1 1 16,759,772. 49,239,094. 2 2 Savings and temporary cash investments. 19,978,953. 23,782,783. 3 Pledges and grants receivable, net 3 20,952,184. 28,419,899. 4 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons ..... 0 5 Loans and other receivables from other disqualified persons (as defined 6 0 6 0. under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0. 0. 7 Notes and loans receivable, net 7 Assets 184,864. 118,171. 8 8 64,704,654. 39,055,739. q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10a 37,038,264. 17,362,741. 18,082,420. 19,675,523. 10c Investments - publicly traded securities. 52,833,565. 60,094,696. 11 11 160,605,979. 175,692,995. 12 Investments - other securities. See Part IV, line 11 12 0. 13 Investments - program-related. See Part IV, line 11 0. 13 32,436,092. 30,408,840. 14 14 7,264,903. 7,145,372. 15 15 Other assets. See Part IV, line 11 393,803,386. 433,633,112. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 44,086,823. 42,479,323. 17 Accounts payable and accrued expenses 17 0. 18 0. 18 40,950,920. 19 36,989,323. 19 Deferred revenue Tax-exempt bond liabilities..... 0. 0. 20 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons . . . . . . . . . 0. 22 0. 0. 23 Secured mortgages and notes payable to unrelated third parties . . . . . 23 Unsecured notes and loans payable to unrelated third parties 0. Ο. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 13,579,614. 12,562,986. 25 98,617,357. 26 92,031,632. 26 Total liabilities. Add lines 17 through 25..... Х Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 256,835,005. 275,691,080. 27 Net assets without donor restrictions 27 38,351,024. 65,910,400. Net assets with donor restrictions 28 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Net 295,186,029. 341,601,480. 32 Total net assets or fund balances ..... 32 Total liabilities and net assets/fund balances 33 393,803,386. 433,633,112. 33

-	90 (2019)				Pa	ge <b>12</b>
Part	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			73,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			04,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			68,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29		86,0	
5	Net unrealized gains (losses) on investments	5		8,4	01,5	65.
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 on Schedule O).	9		1	45,2	254.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	34	41,6	01,4	80.
Part	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	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	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 audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b	Х	

SCHE	DU	LE	Α
(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.

OMB No. 1545-0047 20 19

Department of the Treasury         Internal Revenue Service         ► Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection			
Nam	e of th	he organization						Employer identif	ication number
SE	SAMI	E WORKSHOP						13-26557	-
Ра					organizations must o			,	S
	orga		-		t is: (For lines 1 through	-	-		
1									
2					. (Attach Schedule E	-			
3 4									
4		hospital's nam	•	•		spilai ue	Scribeu ii		
5			-		a college or universit	vowne	d or ope	erated by a governme	ental unit described in
Ŭ		-		Complete Part II.)	a concept of aniveron	.y owno		fated by a governme	
6					rnmental unit describe	d in sect	tion 170(	b)(1)(A)(v).	
7	Х								om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	lete Part II.)		_		
8		A community	trust describe	ed in section 170(	<b>b)(1)(A)(vi).</b> (Complete	e Part II.)			
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investme organizatio	ted to its exempt for the tincome and u an after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	exception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	an 331/3% of its
12	H	•	•	•	•	•			carry out the purposes
		•	•		•				See section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-	l, supervised, or contr			-	-
				-	regularly appoint or e	-			
			-		te Part IV, Sections A		, ,		
b			-	-	ed or controlled in co		n with its	supported organizati	on(s), by having
		control or m	anagement o	of the supporting c	organization vested in	the sam	ne persor	ns that control or mar	hage the supported
	_	organization	(s). You must	complete Part IV	, Sections A and C.				
С		Type III fund	ctionally integ	<b>grated.</b> A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	_	_ its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d			-		porting organization of	-			
			-		nization generally mus	-			d an attentiveness
					omplete Part IV, Sect				
е			-		a written determinatio				II, Type III
	-				tionally integrated sup	porting o	organizat	tion.	
f				l organizations					•••••
g		ame of supported of		(ii) EIN	orted organization(s).	(ind) in the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	ane of supported t	organization		(iii) Type of organization (described on lines 1-10		organization our governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Paper	work Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	\ \ (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,207,167.	26,052,680.	44,958,091.	66,175,311.	88,573,914.	256,967,163.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	31,207,167.	26,052,680.	44,958,091.	66,175,311.	88,573,914.	256,967,163.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						81,436,081.
6	Public support. Subtract line 5 from line 4						175,531,082.
	tion B. Total Support	() 0045	(1) 0040	() 0047	( )) 0040	() 0040	(0 T / )
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,207,167.	26,052,680. 34,264,392.	44,958,091. 34,720,789.	66,175,311. 35,273,095.	88,573,914. 36,601,553.	256,967,163. 177,639,910.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	164,988.	892,068.	1,057,056.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	123,325.	139,200.	148,500.	280,500.		691,525.
11	Total support. Add lines 7 through 10						436,355,654.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	338,418,948.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup	port Percenta	ge			I I	
14	Public support percentage for 2019 (lin	ne 6, column (f	) divided by line	11, column (f)).		14	40.23%
15	Public support percentage from 2018					15	43.54 <b>%</b>
16a	331/3% support test - 2019. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

# Schedule A (Form 990 or 990-EZ) 2019

## Part III

Support Schedule for Organizations Described in Section 509(a)(2) (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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0045	(1) 0040	()0017	( )) 00 ( 0)	() 0040	(0 T ( )
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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 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 1	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	<u></u>					· · · . ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2019 (line 8	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage			1 1	
17	Investment income percentage for 2019 (li					17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the o						
	17 is not more than 331/3%, check th	-	· •			•••••	
b	331/3% support tests - 2018. If the org						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	aid not check a	a box on line 1	4, 19a, or 19b,		and see instruc Schedule A (Form 9	
	<sup>1 1.000</sup> 4898CE 700J 5/14/2021 8	8:55:14 AM	V 19-8.4F	, r	172772-000	-	PAGE 1
			* ±> 0. ±F	L L		~ ~	

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

13-2655731

# Part IV Supporting Organizations

(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.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- c 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 Part VI.*
- **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.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

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	SESAME WORKSHOP 13-265	573I		
Schedu	lle A (Form 990 or 990-EZ) 2019		I	Page 5
Part	V 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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		N	
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Saati	ion C. Type II Supporting Organizations	2		
Secu			Voc	No
			162	INU
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	ion D. All Type III Supporting Organizations			
0000			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	103	
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 <b>Part VI</b> 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>			
0		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <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 of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.
- 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 Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2019

3a

JSA

Schedule A	(Form	990	or 990-EZ) 2019
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Schedule A (Form 990 or 990-EZ) 2019			Page		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>		
instructions. All other Type III non-functionally integrated supporting organi	zations i	must complete Sectio	ns A through E.		
Section A - Adjusted Net Income	Section A - Adjusted Net Income				
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				
<b>4</b> 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				
and the second sec					

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Pag
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>с</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
~	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
a •	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			

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

FORM 990, SCHEDULE A - PUBLIC SUPPORT

IN ADDITION TO THE PUBLIC SUPPORT SESAME WORKSHOP GENERATES TO FUND ITS OWN EDUCATIONAL INITIATIVES IN THE US AND AROUND THE WORLD, SESAME WORKSHOP ALSO WORKS WITH THE PUBLIC BROADCASTING SERVICE (PBS) AND ITS LOCAL MEMBER STATIONS TO SUPPORT THEIR OWN PUBLIC FUNDRAISING EFFORTS. THIS SUPPORT INCLUDES PROVIDING TO THEM THE USE OF THE SESAME STREET BRAND, CHARACTERS, AND PRODUCTS IN FUNDRAISING CAMPAIGNS, AUCTIONS, AND LOCAL PBS STATION EVENTS. SESAME WORKSHOP DOES NOT HAVE ACCESS TO THE AMOUNT OF MONEY RAISED FROM THIS SUPPORT.

SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL			
SPECIAL EVENTS ACTIVITIES	123,325.	139,200.	148,500.	280,500.		691,525.			
TOTALS	123,325.	139,200.	148,500.	280,500.		691,525.			

#### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service Name of the organization

# SESAME WORKSHOP

# 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

Employer identification number

13-2655731

# Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,882,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,016,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,669,088.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Employer identification number 13-2655731

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

213-2655711         2011 III       Exclusively religious, charitable, etc., contributions to organizations described in section 501 (218, 08, or (10) that total more than \$1,000 for the year (from any one contributor. Complete columns (a) through (a) and the following line entry: For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions) ▶ \$ Use duplicate copies of Part III if additional space is needed.         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of hew gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of hew gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of hew gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of hew gift is held         (c) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No.       (c) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (c) No.       (c) Use of gift       (d) Description of how gift is held       (e) Transfer of gift         (f) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held	Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>
2011 III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or         101 Other total total more than 51,000 for the year. (Enter this influtor. Complete columns (a) through (6) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or tess for the year. (Enter this influtor. Complete columns (a) through (6) and the year. (Enter this influtor. Complete columns (a) through (b) and (c) and	Name of or	rganization SESAME WORKSHOP			Employer identification number
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, entre total of exclusively religious, characteristic, exc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) F \$					
Part 1	Part III	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th	the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once.	. Complete columns <b>(a)</b> through <b>(e) and</b> al of <i>exclusively</i> religious, charitable, etc.,
Part 1	(a) No.				(d) Departmention of how sift is hold
Image: construction of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held </td <td></td> <td>(b) Purpose of gift</td> <td>(c) Use</td> <td>orgin</td> <td></td>		(b) Purpose of gift	(c) Use	orgin	
(a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (c) Transfer of gift       (e) Transfer of gift       (f) Transfer of gift         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (f) Transfer of gift			(e) Transi	fer of gift	
Part I  Part P		Transferee's name, address, a	nd ZIP + 4	Relati	ionship of transferor to transferee
Part I  Part P					
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (c) Transfer of gift       (e) Transfer of gift         (a) No.       (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (c) Use of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held		(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (c) Transfer of gift       (e) Transfer of gift         (a) No.       (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (c) Use of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held					·
(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (from Part 1 (from Part			(e) Transi	fer of gift	
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held		Transferee's name, address, a	nd ZIP + 4	Relati	ionship of transferor to transferee
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held					
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Use of gift       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Use of gift       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee					
(a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         Part 1       (e) Transfer of gift       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee			(e) Transt	fer of gift	
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held		Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held					
Transferee's name, address, and ZIP + 4     Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4     Relationship of transferor to transferee					
			(e) Transi	fer of gift	
		Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee
JSA Schedule B (Form 990, 990-EZ, or 990-PF) (2019					Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	-	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		6 (Political Campaign Activi	ties), then
	()()	on 501(c)(3)) organizations: Complete		Do not complete Part I-B	
	Section 527 organizations: Com		r and the below. I		
	<b>e</b>	on Form 990, Part IV, line 4, or Form	990-FZ Part VI line 4	7 (Lobbying Activities) ther	n
		that have filed Form 5768 (election ur			
	()()	that have NOT filed Form 5768 (electi		•	•
		on Form 990, Part IV, line 5 (Proxy			•
	(see separate instructions), ther				
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization				ntification number
_	AME WORKSHOP			13-265	
Par		organization is exempt under			
1	Provide a description of the	organization's direct and indirect p	political campaign a	ctivities in Part IV. (see ir	nstructions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 🕨 \$	
3		a section 4955 tax, did it file Form			
4a					
	If "Yes," describe in Part IV.				•••••••••••••••••••••••••••••••••••••••
		organization is exempt under	section 501(c), ex	cept section 501(c)(3	i).
1	Enter the amount directly e	xpended by the filing organization			·
•					
2	527 exempt function activiti	ng organization's funds contributed		▶\$	
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prome nd or a political action committee (	per (EIN) of all section ofter the amount paid aptly and directly de	on 527 political organiza d from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also enter plitical organization, such
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)			-		
(3)			-		
(4)			-		
(5)			-		
(6)			-		
For F	Paperwork Reduction Act Notice	⊥ e, see the Instructions for Form 990 o	r 990-EZ.	Schedul	⊢ e C (Form 990 or 990-EZ) 2019



(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE C

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

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.

Internal Revenue Service

**Political Campaign and Lobbying Activities** 

Inspection



Sch	iedule C (Form 990 or 990-EZ) 2019 SESAME	WORKSHOP	13-20	555731 Page <b>2</b>
P	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e ind share of excess lobbying expenditures).	ach affiliated group meml	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)		
I	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
C	: Total lobbying expenditures (add lines 1	a and 1b)		
C	d Other exempt purpose expenditures		206,689,414.	
e	e Total exempt purpose expenditures (ad	d lines 1c and 1d)	206,689,414.	
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	_columns.		1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying 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 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
9	g Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.	
I	n Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0.
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ition file Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.			
<b>c</b> Total lobbying expenditures		65,714.			65,714.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures								

Schedule	С	(Form	990	or 990-F	7) 2019
ocheuule	C	(1 01111	330	01 330-L	<u> </u>

# 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)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection

	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

	<u> </u>		, , ,		<u> </u>				
Part III-B	Complete if th	e organizatio	n is exempt und	er section 5	01(c)(4), sectio	n 501(c)(5), or s	ectio	n	
	501(c)(6) and	if either (a) BC	OTH Part III-A, lin	nes 1 and 2,	are answered	"No" OR (b) Par	t III-A	, line 3	, is
	answered "Yes	5."							
									-

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         a       Current year.       2a         b       Carryover from last year.       2b	
a Current year	
c Total	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	
4 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	
and political expenditure next year?	
5 Taxable amount of lobbying and political expenditures (see instructions)	

## Part IV 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.

SCHEDULE C

JSA

SESAME WORKSHOP DID NOT ENGAGE IN ANY LOBBING ACTIVITIES DURING FISCAL

YEAR 2020. SESAME WORKSHOP FILES A FORM 990, SCHEDULE C, BECAUSE IT HAS

MADE THE SECTION 501(H) ELECTION.

Part IV Supplemental Information (continued)

SCHEE	DULE 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.

OMB No. 1545-0047

2019

	tment of the Trea al Revenue Servic		Go to www.irs.gov	► Attach to Form 9 Form990 for instruction		d the latest inform	nation.			n to P ectio	Public n
	of the organizati		<b>Ŭ</b>					ployer identific			
SES	AME WORKS	HOP						13-26557	31		
Par			ions Maintaining Donor Adv	ised Funds or Other	· Sir	milar Funds or	Acco		-		
i ai			if the organization answered								
				(a) Donor adv				(b) Funds and	d other a	ccounts	3
1	Total number	r at ar	d of year					(,, , , , , , , , , , , , , , , , , , ,			
			d of year contributions to (during year)								
			grants from (during year)								
			end of year								
			on inform all donors and donor	duicore in writing th	ant i	the accets hold	in do	nor advisad			
	•		nization's property, subject to the	•						′es 🗌	No
		-	inform all grantees, donors, a	-		-				<b>U</b> 3 _	
	-		purposes and not for the bene								
	-		ssible private benefit?				-			′es 🗌	No
Par			ion Easements.	<u></u>						<b>U</b> 3 _	
I ai			if the organization answered	"Yes" on Form 990	Pa	rt IV line 7					
1		-	ervation easements held by the								
-			of land for public use (for example			Preservation	ofah	istorically in	nortant	land a	area
			f natural habitat			Preservation		-	-		liou
			of open space				0.40			otaro	
2			through 2d if the organization h	eld a qualified conserv	vatio	n contribution in	the fo	orm of a cor	nservatio	on	
			ast day of the tax year.		ano			Held at the			x Year
			nservation easements				2a				
			ricted by conservation easement				2b				
	-		vation easements on a certified				2c				
			vation easements included in (								
			sted in the National Register				2d				
			vation easements modified, tra				·	by the oro	anizatio	on dui	ing the
•	tax year ►_							<i>b</i> )e erg			
4	-		where property subject to conse	ervation easement is loc	cated	d ►					
			ation have a written policy re				ion. r	andling of			
		-	prcement of the conservation ea					-	Y	′es [	No
			hours devoted to monitoring, insp						-		
•				, seeing, namaning er men		o, and onlorong	001100				le jeu
7	Amount of ex	xpense	es incurred in monitoring, inspec	ting, handling of violatio	ons.	and enforcing c	onser	vation easen	nents du	urina t	he vear
	▶\$		3, 1	3,	,	<u> </u>				5	- <b>,</b>
8		onserv	ation easement reported on line	2(d) above satisfy the re	eaui	rements of secti	on 17	)(h)(4)(B)(i)			
			(4)(B)(ii)?						Υ	′es [	No
9	In Part XIII, c	descrik	be how the organization reports	conservation easement	nts i	n its revenue and	d expe	nse stateme	nt and		
			l include, if applicable, the text of				•			es the	
			ounting for conservation easeme		-						
Par	rt 🔣 🛛 Orga	anizat	ions Maintaining Collections	s of Art, Historical T	reas	sures, or Othe	r Sim	ilar Assets	i.		
	Com	plete	if the organization answered	"Yes" on Form 990,	Ра	rt IV, line 8.					
1a	If the organiz	zation	elected, as permitted under Freasures, or other similar asse	ASB ASC 958, not to	repo	ort in its revenu	e stat	ement and	balance	shee	t works
	of art, histor	rical ti	easures, or other similar asse	ts held for public exits its financial stateme	hibit	ion, education,	or re	search in f	urtherar	nce of	f public
			Part XIII the text of the footnote elected, as permitted under F								orka a
b	art historical	Ization	ures, or other similar assets he	ASB ASC 958, to rep Id for public exhibition	י זוס ח בי	In its revenue s	earch	in furtheran	ance sr	neet w	OFKS OF
	provide the f	ollowi	ng amounts relating to these ite	ms:	., 00		Salon	iaitiioiai		30110	
			ed on Form 990, Part VIII, line					▶\$	5		
			l in Form 990, Part X						;		
	.,		received or held works of a								
	-		required to be reported under F						0		
			on Form 990, Part VIII, line 1					▶\$	5		
b	Assets incluc	ded in	Form 990, Part X					🕨 🕏	5		

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Schee	lule D (Form 990) 2019										P	Page <b>2</b>
Ра	rt III Organizations Maintaining Co	ollections of	Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (C	ontinue	ed)	
3	Using the organization's acquisition, ac	cession, and	other recor	ds, check	c any c	of the	follow	ving that n	nake sign	ificant (	use c	of its
	collection items (check all that apply):											
а	Public exhibition		d	Loan d	or exch	ange	progra	m				
b	Scholarly research		e	Other								
с	Preservation for future generations	6		_								
4	Provide a description of the organizatio		s and expla	ain how t	hey fu	rther	the or	ganization'	s exempt	purpos	e in	Part
	XIII.		·		5			5		• •		
5	During the year, did the organization soli	cit or receive	donations o	of art, histo	orical tr	easu	res, or	other simil	ar			
	assets to be sold to raise funds rather that								_	Yes		No
Ра	rt IV Escrow and Custodial Arrang											
	Complete if the organization a		es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	t on Fo	orm	
	990, Part X, line 21.			,								
1a	Is the organization an agent, trustee, cus	stodian or oth	er intermed	liary for c	ontribu	tions	or othe	r assets no	t			
	included on Form 990, Part X?			-					_	Yes		No
b	If "Yes," explain the arrangement in Part	XIII and com	plete the fo	llowing tak	ole:							-
		·	•	0					Amount			
с	Beginning balance					1c						
d	Additions during the year											
e	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount of						stodial	account lia	bilitv?	Yes		No
	If "Yes," explain the arrangement in Part								-			1
	rt V Endowment Funds.			1		•p.				<u> </u>	•	_
	Complete if the organization a	answered "Ye	es" on For	m 990. F	Part IV.	line	10.					
		Current year	(b) Prio			vo years		(d) Three y	ears back	(e) Four	vears	back
10								., ,		.,		
1a ⊾	Beginning of year balance											
b												
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
,	1 3											
f												
g	End of year balance			<i>(</i> ); <i>(</i> )		( ))						
2 a	Provide the estimated percentage of the Board designated or quasi-endowment		%	e (line 1g,	columr	1 (a))	neid as					
a h	Permanent endowment	%	/0									
c	Term endowment > %	70										
C	The percentages on lines 2a, 2b, and 2c		100%									
30	Are there endowment funds not in the po			tion that	ara hal	danc	1 admir	nietorod for	tho			
Ja	organization by:		ne organiza	allon inat	are ner	u and	aunni	iistereu iui	une	Г	Yes	No
	(i) Unrelated organizations									3a(i)	100	
										3a(ii)		
L	(ii) Related organizations									3b		
	If "Yes" on line 3a(ii), are the related org					(/				30		
4	Describe in Part XIII the intended uses or rt VI Land, Buildings, and Equipme		ation's endo	wment für	nas.							
Pa	rt VI Land, Buildings, and Equipme Complete if the organization	answered "Y	es" on Fo	rm 990, l	Part IV	, line	11a. S	See Form	990, Pa	rt X, lin	e 10	
	Description of property		r other basis	(b) Cost of		asis		cumulated	(d	Book va	lue	
1 -	Land		stment)	(0	ther)		depr	eciation				
1a ⊾												
b	Buildings			22 /	14,65	- 8	0 7	10,340.		12,70	14 2	1.2
C L	Leasehold improvements				61,51			10,340. 70,133.		5,9		
d	Equipment				62,08			70,133. 82,268.				319.
e Teta	Other Add lines 1a through 1e. (Column (d) m	unt navel Fre	m 000 Da-4							9 19,6		
ιστα	i. Add lines ta through te. (Column (d) n	iust equal Forl	in 990, Part	∧, coiumi	т ( <i>в), Ш</i>	ne 100	u.)	🕨		тэ,о	, 5, 5	, c 2 .

Complete if the organization answer	ed "Yes" on Form 990, 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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	63,545,342.	FMV
(B) PRIVATE EQUITY FUNDS	977,398.	FMV
(C) VENTURE CAPITAL FUNDS	13,295,995.	FMV
(D) INVESTMENTS IN POOLED FUNDS	97,874,260.	FMV
(E)		
(F) (G)		
(G) (H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 175,692,995.	
Part VIII Investments - Program Related.	1.070527550.	
	ed "Yes" on Form 990. Part	IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
(-)		Cost or end-of-year market value
(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.	ad "Vac" on Form 000 Port	IV line 11d See Form 000 Part V line 15
- · · · · · · · · · · · · · · · · · · ·		IV, line 11d. See Form 990, Part X, line 15.
· · · · · · · · · · · · · · · · · · ·	Description	(b) Book value
<u>(1)</u> (2)		
(3)		
(4)		
(5)		
(6)		
<u>(6)</u> (7)		
(7)		
(7) (8)	3) line 15.)	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities.		· · ·
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answer		IV, line 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (A Part X Other Liabilities. Complete if the organization answer line 25.	ed "Yes" on Form 990, Part	· · ·
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (A Part X Other Liabilities. Complete if the organization answer line 25. 1. (a) Des		· · ·
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answelline 25. 1. (a) Des (1) Federal income taxes	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answer line 25. 1. (a) Des (1) Federal income taxes (2) DEFERRED RENT PAYABLE	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answer line 25. 1. (a) Des (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3)	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answer line 25. 1. (a) Des (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) (4)	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Desent (b) DEFERRED RENT PAYABLE (3) (4) (5)	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answelline 25. 1. (a) Des (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) (4) (5) (6)	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Des (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) (4) (5) (6) (7)	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (a)         Part X         Other Liabilities.         Complete if the organization answer         line 25.         1.       (a) Des         (1) Federal income taxes         (2) DEFERRED RENT PAYABLE         (3)         (4)         (5)         (6)         (7)         (8)	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Destained (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) (4) (5) (6) (7)	red "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, (b) Book value 12,562,986

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	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	
3	Subtract line 2e from line 1	3	
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.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
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	1	
c	Other losses	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	]	
ç Ç	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V, lin	e 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2019

SESAME WORKSHOP

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE - ASC 740: INCOME TAXES THE COMPANY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO CONSOLIDATED FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE COMPANY IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE COMPANY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE COMPANY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)		Statement of Activities Outside the United St	ates	OMB No. 1545-0047	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.		2019	
		<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	,		
Name of the	ne organization		Employer ide	entification number	
SESAM	E WORKSHOP		13-26	55731	
Part I		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizat	ion answered "Yes" on	
oth	•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	6.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	8,966,214.
(2) EUROPE	0.	4.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	4,006,298.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	455,113.
(4) NORTH AMERICA	0.	8.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	3,178,403.
(5) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	3,056,749.
(6) SOUTH AMERICA	0.	8.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	2,267,218.
(7) SOUTH ASIA	1.	16.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	3,143,544.
(8) SOUTH ASIA	0.	0.	GRANTMAKING		7,019,606.
(9) SOUTH AMERICA	0.	0.	GRANTMAKING		91,821.
10) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		131,815,224.
11) EUROPE	0.	0.	INVESTMENTS		7,658,816.
12)					
13)					
14)					
15)					
16)					
17)					
<ul><li>3a Subtotal</li><li>b Total from continuation sheets to Part I</li></ul>	1.	42.			171,659,006.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	1.	42.			171,659,006. <b>F (Form 990) 20</b>

erwork Reduction Act Notice, see the Instructions for Form 990. For Pap JSA 9E1274 1.000 4898CE 700J 5/14/2021 8:55:14 AM V 19-8.4F 0172772-00008 Schedule F (Form 990) 2019

Page	2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM IMPL	6,905,606.				
(2)			SOUTH ASIA	GENERAL SUPP	114,000.				
(3)			SOUTH AMERICA	GENERAL SUPP	91,821.				
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

3. Schedule F (Form 990) 2019

►

Page 3

#### Schedule F (Form 990) 2019

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15) 16)							
17)							
18)							

Schedule F (Form 990) 2019

SESAME WORKSHOP

Schedu	ule F (Form 990) 2019			Page <b>4</b>
Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X	Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X No

Schedule F (Form 990) 2019

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F

PART I, LINE 1 - MONITORING OF FOREIGN GRANTEES.

SESAME WORKSHOP ADOPTS A COMPREHENSIVE PROCEDURE TO ENSURE THAT THE ORGANIZATIONS IT PROVIDES GRANTS TO ARE PERFORMING SERVICES AND HOLDING PROGRAMS THAT ALIGN WITH THE WORKSHOP'S TAX-EXEMPT MISSION. THE WORKSHOP'S DUE DILIGENCE PROCEDURES ARE DESCRIBED, LIKEWISE, IN SCHEDULE

I.

FOR FOREIGN GRANTEES. THE WORKSHOP CONDUCTS A PRE-GRANT RISK ASSESSMENT TO ENSURE THAT THE ORGANIZATION'S PROGRAMMATIC CAPABILITIES, POLICIES AND FINANCIAL CONTROLS ALIGN WITH THE PROGRAMMATIC OBJECTIVES OF THE GRANT. THE WORKSHOP MONITORS THE USE OF THESE FUNDS THROUGHOUT THE YEAR, REQUIRING PERIODIC PROGRESS REPORTS (PER A PRE-DEFINED SCHEDULE AND PRE-ESTABLISHED PARAMETERS), WITH A CONCLUDING FINANCIAL REPORT AT YEAR END. AS NEEDED, SESAME WORKSHOP PERSONNEL WILL CONDUCT SITE VISITS TO MONITOR THE EFFECTIVENESS OF SUPPORTED PROGRAMS. THE WORKSHOP RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL REPORTING AS NEEDED TO SATISFY THE ORGANIZATION THAT FUNDS ARE USED FOR EXEMPT CHARITABLE PURPOSE, AS WELL AS TO CONDUCT AUDITS OF THE GRANT SPENDING.

#### PART IV

JSA

SESAME WORKSHOP INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE WORKSHOP'S INVESTMENT

0172772-00008

Page 5

Schedule F (Form 990) 2019

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS

926, 5471, 8621 OR 8865. IN ADDITION, SESAME WORKSHOP IS THE PARENT

ORGANIZATION TO VARIOUS FOREIGN SUBSIDIARIES FOR WHICH A FORM 5471 MAY BE

REQUIRED. TO THE EXTENT ANY OF THESE FORMS ARE COMPLETED, THEY HAVE BEEN

FILED WITH THE ORGANIZATION'S FORM 990-T.

JSA 9E1502 1.000

(Form	DULE G 990 or 990-EZ) ent of the Treasury Revenue Service	Complete if t	Information Re he organization answe organization entered i Attach to to www.irs.gov/Form	OMB No. 1545-0047				
	the organization						Employer identificati	
SESAM	IE WORKSHOP	g Activities. Comp	lete if the organ	ization ar	swarad "	Ves" on Form 90	13-2655731	7
Parti		EZ filers are not re	-					1.
1		the organization rais	•	any of the	following			
a	Mail solicita		е			non-government g		
b c	Internet and Phone solici	email solicitations	f			government grants	S	
	X In-person so		9			ising events		
c b l	or key employee f "Yes," list the	tion have a written o is listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
	<b>(i)</b> Name and addr or entity (fu		(ii) Activity	custody c	draiser have r 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			
1								
A'	TTACHMENT 1							
3								
4								
5								
6								
7								
8								
9								
10								
3 L r	ist all states in egistration or lic TATES	which the organiza ensing.	tion is registered o	or licensed	to solicit	contributions or	69,516 has been notified	
For Pane	erwork Reduction A	ct Notice, see the Instruc	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2019

Page **2** 

# Schedule G (Form 990 or 990-EZ) 2019 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Part II

			(a) Event #1 SW ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
AUTOVAL	1	Gross receipts	1,470,340.			1,470,340
2	2 3	Less: Contributions Gross income (line 1 minus line 2)				1,470,340
	4	Cash prizes				
	5	Noncash prizes				
2000	6	Rent/facility costs				
חוופתו דעהפו וספס	7	Food and beverages				
ב	8	Entertainment	5,122.			5,122
	9	Other direct expenses	100,572.			100,572
	10 11 rt	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lir	ne 10 from line 3, colu anization answered "۱	mn (d)	<u></u>	105,694 -105,694 reported more that
		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	<b>(c)</b> Other gaming	(d) Total gaming (add col. (a) through col. (c))
5	1	Gross revenue				
2	2	Cash prizes				
2						
	3	Noncash prizes				
nieci Expenses		Noncash prizes				
	4					
5	4 5	Rent/facility costs	Yes % No	Yes% No	Yes% No	,
:	4 5 6 7	Rent/facility costs	Yes %	<b>No</b>	<u>No</u>	•

Schedule G (Form 990 or 990-EZ) 2019

Sched	ule G (Form 990 or 990-EZ) 2019		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		0/
a b	The organization's facility   13a     An outside facility   13b		<u>%</u> %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		/0
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
Iou	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 $\blacktriangleright$		
С	If "Yes," enter name and address of the third party:		
	News N		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds t	0	
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	S	
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info		
	(see instructions).	mation	
SCHI	EDULE G, PART I		
DUE	TO THE COVID-19 PANDEMIC, SESAME WORKSHOP'S ANNUAL GALA TO CELEBRATE		
TTO	WORLDWIDE IMPACT AND HONOR GUESTS WHO SUPPORT THE WORKSHOP'S MISSION		
TID	MOVIDWIDE IMPACI AND DONOK GOESIS MUD SUPPORT THE MOKESHOP, 2 MISSION		
OF I	HELPING KIDS GROW SMARTER, STRONGER AND KINDER WAS CANCELLED. SOME OF		
OUR	VERY GENEROUS DONORS CONTINUED TO SUPPORT OUR FUNDRAISING EFFORTS AND		
_			
THOS	SE REVENUES ARE REPORTED IN SCHEDULE G. SESAME WORKSHOP INCURRED SOME		
NON	-REIMBURSABLE COSTS FOR THESE EVENTS AND HAS ALLOCATED THEM		

Schedule G (Form 990 or 990-EZ) 2019

Schod	ule G (Form 990 or 990-EZ) 2019	15 205	5751	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g		Yes	No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
с	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orgation or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	Inizations		
Part	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio			
	(see instructions).			
ACC	ORDINGLY IN SCHEDULE G, PART II.			
SES	AME WORKSHOP HIRES PROFESSIONAL FUNDRAISING COUNSEL TO PARTICIPATE IN			
THE	EVENT PLANNING AND TO PROVIDE ADMINISTRATIVE SERVICES ASSOCIATED WITH			
THE	EVENT. IN THE INTEREST OF FULL DISCLOSURE, EVENT ASSOCIATES INC HAS			
BEEI	N REPORTED IN SCHEDULE G EVEN THOUGH THEY DID NOT ACTUALLY PERFORM ANY			
FUNI	DRAISING ACTIVITIES.			

Schedule G (Form 990 or 990-EZ) 2019

13-2655731

ATTACHMENT 1

# 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
EVENT ASSOCIATES INC 162 W. 56TH STREET, #405 NEW YORK NY 10019	GALA	X		69,516.	-69,516.

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, overnments, and Individuals in the United States						<u>OMB No. 1545-0047</u> നെ <b>ച</b>
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2019
Department of the Treesury	•••••		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	).		Inspection
Name of the organization							Employer identificat	ion number
SESAME WORKSHOP	)						13-26557	31
Part I General I	nformation on Grants an	d Assistanc	9					
the selection crite	zation maintain records to so eria used to award the grant IV the organization's proced	ts or assistanc	e?					X Yes No
	nd Other Assistance to D ne 21, for any recipient tl		-					'es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONCORDIA SUMMIT	INC							
404 5TH AVE, STE	501 NEW YORK, NY 10018	27-5121564	501(C)(3)	20,000.				GENERAL SUPPORT
(2) JOHN F. KENNEDY C	ENTER FOR PERFORMING ARTS							
	WASHINGTON, DC 20566	58-6033837	501(C)(3)	18,400.				GENERAL SUPPORT
(3) US FUND FOR UNICE	F							
	1TH FL NEW YORK, NY 10038	13-1760110	501(C)(3)	10,000.				GENERAL SUPPORT
(4) THE CHURCH OF ST.	PAUL THE APOSTLE							
405 W 59TH STREET	NEW YORK, NY 10019	11-2730714	501(C)(3)	11,000.				GENERAL SUPPORT
(5) NEW YORK WOMEN IN	COMMUNICATION FOUNDATION							
355 LEXINGTON AVE	NUE NEW YORK, NY 10017	13-6274650	501(C)(3)	6,500.				GENERAL SUPPORT
(6) CENTER FOR US GLO	BAL LEADERSHIP							
1129 20TH STREET	WASHINGTON, DC 20036	74-3093659	501(C)(3)	30,000.				GENERAL SUPPORT
(7) INTERNATIONAL RES	CUE COMMITTEE							
122 E. 42ND STREE	T NEW YORK, NY 10168	13-5660870	501(C)(3)	11,803,347.				PRGM. IMPLEMENTATION
(8) NEW YORK UNIVERSI	ТҮ	_						
105 EAST 17TH ST.	NEW YORK, NY 10003	13-5562308	501(C)(3)	2,557,693.				PRGM. IMPLEMENTATION
(9) WNET - THIRTEEN								
825 EIGHTH AVENUE	NEW YORK, NY 10019	26-2810489	501(C)(3)	170,554.				PRGM. IMPLEMENTATION
(10) SESAME WORKSHOP I	NTERNATIONAL	_						
1900 BROADWAY NEW	YORK, NY 10019	83-1810098	501(C)(3)	1,046,677.				GENERAL SUPPORT
(11)		-						
(12)		-						
	er of section 501(c)(3) and	•	•					10.
3 Enter total numb	er of other organizations lis	ted in the line	1 table	<u></u>	• • • • • • • • • • • •	<u> </u>	<u></u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)								

#### Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

SCHEDULE I, PART II

JSA

SESAME WORKSHOP AWARDS SUB-GRANTS TO SUPPORT ITS PROGRAMMATIC WORK.

FOR THESE SUB-GRANTS, THE WORKSHOP CONDUCTED PRE-GRANT RISK ASSESSMENTS

TO ENSURE THAT THE ORGANIZATION'S PROGRAMMATIC CAPABILITIES, POLICIES AND

FINANCIAL CONTROLS ALIGN WITH THE PROGRAMMATIC OBJECTIVES OF THE GRANT.

THE WORKSHOP MONITORS THE USE OF THESE FUNDS THROUGHOUT THE YEAR,

REQUIRING PERIODIC PROGRESS REPORTS (PER A PRE-DEFINED SCHEDULE AND

PRE-ESTABLISHED PARAMETERS), WITH A CONCLUDING FINANCIAL REPORT AT YEAR

END. AS NEEDED, SESAME WORKSHOP PERSONNEL WILL CONDUCT SITE VISITS TO

MONITOR THE EFFECTIVENESS OF SUPPORTED PROGRAMS. THE WORKSHOP RESERVES

Schedule I (Form 990) (2019)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE RIGHT TO REQUEST ANY ADDITIONAL REPORTING AS NEEDED TO SATISFY THE

ORGANIZATION THAT FUNDS ARE USED FOR EXEMPT CHARITABLE PURPOSES, AS WELL

AS TO CONDUCT AUDITS OF THE GRANT SPENDING.

IN ADDITION, SESAME WORKSHOP SUPPORTS ORGANIZATIONS THROUGH THEIR GALAS

AND OTHER SPECIAL EVENT ACTIVITIES. TO THE EXTENT THAT THE PAYMENT TO

THESE ORGANIZATIONS REPRESENTS A CONTRIBUTION (BEYOND THE GOODS AND

SERVICES RECEIVED), SESAME REPORTS THESE AMOUNTS AS CONTRIBUTIONS ON

SCHEDULE I. SESAME WORKSHOP'S PRESIDENT OF SOCIAL IMPACT & PHILANTHROPY

SELECTS THOSE ORGANIZATIONS WHOSE MISSION IS EITHER SUPPORTED OR ALIGNED

Schedule I (Form 990) (2019)

Page 2

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
3					
7					
Part IV Supplemental Information. Provid	de the information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

information.

WITH THE WORKSHOP'S MISSION. THE CONTRIBUTION IS APPROVED BY THE

PRESIDENT/CEO OF SESAME WORKSHOP. THESE AMOUNTS ARE GENERALLY IMMATERIAL

AND DO NOT REQUIRE ADDITIONAL MONITORING.

(Fori	(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.				2019 Open to Public Inspection		
	of the organization			Employer identification			
SES	AME WORKSH	OP		13-2655731			
Part	Question	s Regarding Compensation					
						Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretion	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ement or provision of all of the ex	by by ded any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, chain the organization follow a written policy re- spenses described above? If "No," com	these items. personal use nal residence on fees auffeur, chef) egarding payment plete Part III to	1b		
2	Did the orga directors, trus	anization require substantiation prior	r to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by all	2		
3	Indicate which organization's related organ X Comper X Indepen X Form 99 During the ye	n, if any, of the following the organizations is CEO/Executive Director. Check all the ization to establish compensation of the isation committee dent compensation consultant 00 of other organizations ar, did any person listed on Form 990,	on used to establish the compensation of t at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Par Written employment contract Compensation survey or study X Approval by the board or compensation Part VII, Section A, line 1a, with respect to	ds used by a art III. tion committee			
		or a related organization:				v	
а			ayment?		4a	X	37
b			ental nonqualified retirement plan?		4b		X
С	If "Yes" to an	y of lines 4a-c, list the persons and p	ased compensation arrangement?		4c		X
5	For persons compensation	listed on Form 990, Part VII, Section contingent on the revenues of:	rganizations must complete lines 5-9. ion A, line 1a, did the organization pa				37
					5a		X
b	-	-			5b		X
6	For persons compensation	n contingent on the net earnings of:	ion A, line 1a, did the organization pa				_
а					6a		X
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				
•			escribe in Part III		7	X	
8	to the initia	I contract exception described in	paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	"Yes," describe	8		x
9			low the rebuttable presumption proced				
-		<b>.</b>			9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

#### Page **2**

## 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 of	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
JEFFREY DUNN	(i)	676,257.	223,300.	3,861.	28,000.	31,966.	963,384.	0.
1 <sup>PRESIDENT/CEO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
DARYL MINTZ	(i)	337,959.	101,136.	534.	28,000.	41,658.	509,287.	0.
2 <sup>EVP, CFO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH SALVO	(i)	344,190.	107,800.	5,110.	28,000.	41,432.	526,532.	0.
SEVP GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
JEAN BROWN JOHNSON	(i)	398,674.	123,200.	5,380.	28,000.	14,185.	569,439.	0.
<b>4</b> EVP/CREATIVE DIR. (THRU 05/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN YOUNGWOOD	(i)	469,825.	144,760.	1,180.	28,000.	7,712.	651,477.	0.
PRESIDENT, MEDIA & EDU. & COO 5	(ii)	0.	0.	0.	0.	0.	0.	0.
SHERRIE WESTIN	(i)	453,015.	138,600.	3,237.	28,000.	5,772.	628,624.	0.
PRESIDENT GLOBAL IMPACT&PHILAN	(ii)	0.	0.	0.	0.	0.	0.	0.
GORDON SCOTT CHAMBERS	(i)	305,797.	91,738.	730.	25,258.	34,713.	458,236.	0.
7 <sup>SVP/GM, EDU. MEDIA &amp; LICENSING</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
SHEILA M. KELLY	(i)	305,304.	92,351.	479.	16,012.	37,308.	451,454.	0.
8 CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
TANYA Z. HAIDER	(i)	314,942.	94,080.	495.	16,000.	42,925.	468,442.	0.
9EVP STRATEGY RESEARCH&VENTURES	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE E. WELLS	(i)	314,217.	92,808.	482.	27,961.	13,685.	449,153.	0.
10 <sup>SVP, HEAD OF INTL MEDIA &amp; EDUC</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
KAY N. WILSON STALLINGS	(i)	290,820.	85,848.	1,260.	17,033.	4,186.	399,147.	0.
11 <sup>EVP, CREATIVE &amp; PRODUCTION</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL H LEVINE (THRU	(i)	235,527.	59,000.	189,233.	20,896.	22,099.	526,755.	0.
12 <sup>CHIEF KNOWLEDGE OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

#### Page 3

#### Part ||| Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

GENERAL STATEMENT ABOUT FORM 990 COMPENSATION

THE FORM 990 COMPENSATION REPORTED FOR THE OFFICERS, KEY EMPLOYEES AND

THE TOP FIVE MOST HIGHLY COMPENSATED EMPLOYEES, AS REPORTED IN FORM 990,

PART VII AND SCHEDULE J IS BASED ON AMOUNTS REPORTED ON THE FORMS W-2 FOR

THE YEAR ENDED DECEMBER 31, 2019. THE AMOUNTS IN EACH COLUMN ON SCHEDULE

J REPRESENT THE FOLLOWING:

COLUMN B(I): BASE COMPENSATION REDUCED BY PRE-TAX DEDUCTIONS TO MEDICAL

OR OTHER CAFETERIA BENEFITS

COLUMNS B(II): INCENTIVE COMPENSATION RECEIVED IN CALENDAR YEAR 2019

COLUMNS B(III): NON-TRADITIONAL PAYMENTS SUCH AS A VACATION PAYOUT,

EMPLOYER CONTRIBUTIONS TO GROUP TERM LIFE INSURANCE IN EXCESS OF \$50K, AS

WELL AS SEVERANCE PAYMENTS (WHEN APPLICABLE)

COLUMN C: EMPLOYER CONTRIBUTIONS TO 401K PLAN

COLUMN D: EMPLOYER AND EMPLOYEE CONTRIBUTIONS TOWARDS NON-TAXABLE

BENEFITS, INCLUDING MEDICAL INSURANCE, DENTAL INSURANCE, FLEXIBLE

SPENDING ACCOUNTS, ETC.

SCHEDULE J, PART I, LINE 4A

JSA

9E1505 1.000

Schedule J (Form 990) 2019

Page 3

#### Schedule J (Form 990) 2019

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CHIEF KNOWLEDGE OFFICER, MICHAEL LEVINE, RECEIVED A SEVERANCE PAYMENT IN

CALENDAR YEAR 2019; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II,

COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

SESAME WORKSHOP MAINTAINS A TARGETED INCENTIVE COMPENSATION PROGRAM WHICH FULL TIME STAFF EMPLOYEES ABOVE A CERTAIN JOB LEVEL ARE ELIGIBLE. THE TARGET AMOUNT OF EACH EMPLOYEE'S INCENTIVE COMPENSATION IS BASED ON A COMBINATION OF JOB LEVEL, INDIVIDUAL PERFORMANCE AND ORGANIZATION PERFORMANCE. THE BOARD OF TRUSTEES DETERMINES WHETHER INCENTIVE COMPENSATION PAYMENTS WILL BE MADE FOR EACH GIVEN YEAR AND THE TOTAL AMOUNT AVAILABLE FOR INCENTIVE COMPENSATION. INCENTIVE COMPENSATION AWARDS TO OFFICERS AND KEY EMPLOYEES ARE APPROVED BY THE PERSONNEL AND COMPENSATION COMMITTEE BASED ON COMPARABLE MARKET DATA, AS DESCRIBED IN SCHEDULE O.

SC			

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

OMB No. 1545-0047

g

Internal Revenue Service Name of the organization SESAME WORKSHOP

Part III

Department of the Treasury

Employer identification number

▶ \$

13-2655731

Part Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of discussified parage	(b) Relationship between disqualified person and				ed?
-	(a) Name of disqualified person	(c) Description of transacti		Yes	Ν	0
(1)						
(2)						
(3)						
(4)						_
(5)						_
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year			
	under section 4958		▶ \$			

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	<b>(c)</b> Purpose of Ioan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In c	lefault?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of zation's nues?	
				Yes	No	
(1) JEFFREY WEISS	BOARD MEMBER	591,000.	SEE SCH L NARRATIVE		x	
(2) SHERRIE WESTIN	KEY EMPLOYEE	175,800.	SEE SCH L NARRATIVE		х	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, COLUMN D

BOARD OF TRUSTEES MEMBER, JEFFREY WEISS, HAS AN OWNERSHIP INTEREST IN A SESAME WORKSHOP LICENSEE. DURING FISCAL YEAR 2020, SESAME WORKSHOP RECEIVED \$591,000 IN LICENSING FEES FROM THIS ORGANIZATION. THE WEISS FAMILY DIVESTED ITSELF OF THEIR MAJORITY CONTROLLING INTEREST IN FEBRUARY OF 2018, BUT STILL MAINTAINS A MINORITY SHARE IN EXCESS OF 35%.

A FAMILY MEMBER OF KEY EMPLOYEE, SHERRIE WESTIN, OWNS AN ORGANIZATION THAT PROVIDED MARKET RESEARCH SERVICES TO SESAME WORKSHOP. DURING FISCAL YEAR 2020, SESAME WORKSHOP PAID THAT ORGANIZATION \$175,800. SESAME WORKSHOP ENGAGED THE SERVICES OF THIS VENDOR WITHOUT ANY INPUT FROM MS. WESTIN. THE TRANSACTION WAS DISCLOSED TO THE BOARD OF DIRECTORS PURSUANT TO THE WORKSHOP'S CONFLICT OF INTEREST PROCESS.

## 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.



Department of the Treasury Internal Revenue Service Name of the organization SESAME WORKSHOP

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

Employer identification number

EXPLANATORY NOTE CONCERNING THE COVID-19 PANDEMIC THE COVID-19 PANDEMIC, WHOSE EFFECTS FIRST BECAME KNOWN IN JANUARY 2020, IS HAVING A BROAD AND NEGATIVE IMPACT ON COMMERCE AND FINANCIAL MARKETS AROUND THE WORLD. THE EXTENT OF THE IMPACT OF COVID-19 ON THE COMPANY'S OPERATIONAL AND FINANCIAL PERFORMANCE WILL DEPEND ON CERTAIN DEVELOPMENTS, INCLUDING THE DURATION AND SPREAD OF THE OUTBREAK AND ITS IMPACT ON, LICENSING AND DISTRIBUTION PARTNERS, CONSUMERS, DONORS, EMPLOYEES AND VENDORS, ALL OF WHICH AT PRESENT CANNOT BE DETERMINED. ACCORDINGLY, THE EXTENT TO WHICH COVID-19 WILL IMPACT THE COMPANY'S FUTURE CONSOLIDATED FINANCIAL POSITION AND CHANGES IN NET ASSETS AND CASH FLOWS IS UNCERTAIN.

#### GROSS RECEIPTS EXPLANATION

GROSS RECEIPTS REPORTED ON FORM 990, PAGE 1, BOX G INCLUDES, IN ADDITION TO REVENUES, THE GROSS SALE PROCEEDS OF SESAME WORKSHOP'S INVESTMENT PORTFOLIO. THE WORKSHOP CHANGED ITS OUTSIDE INVESTMENT ADVISERS IN FISCAL 2020, RESULTING IN A TRANSITION OF ITS UNDERLYING INVESTMENTS; ACCORDINGLY, ITS GROSS RECEIPTS NUMBER INCLUDES \$319,399,606 IN INVESTMENT SALES PROCEEDS (AS REPORTED IN PART VIII, LINE 7A OF THE FORM 990), ALL OF WHICH WERE RE-INVESTED IN THE SAME PERIOD.

FORM 990, PART V, LINE 1A

THE NUMBER OF 1099'S ISSUED IN ANY GIVEN YEAR IS DEPENDENT ON THE NUMBER AND SIZE OF PROJECTS UNDERTAKEN. FORM 990, PART V, LINE 2A

THE NUMBER OF EMPLOYEES REPORTED IN CALENDAR YEAR 2019 TOTALING 1,268 REFLECTS ALL INDIVIDUALS EMPLOYED FOR ANY PART OF THE YEAR. IT ALSO INCLUDES PAYMENTS TO PRODUCTION TALENT FOR REUSE AND RE-AIRING OF PREVIOUSLY PRODUCED CONTENT. GIVEN THE VARIABLE NATURE OF PROJECT AND PRODUCTION ACTIVITIES, THE TOTAL EMPLOYEES REPORTED MAY VARY SIGNIFICANTLY YEAR TO YEAR.

FORM 990, PART VI, SECTION A, LINE 2 BOARD OF TRUSTEES MEMBER, JOAN GANZ COONEY, AND BOARD OF TRUSTEES MEMBER, MICHAEL MANASSE, HAVE A BUSINESS RELATIONSHIP.

#### PART VI, SECTION B, LINE 11A

SESAME WORKSHOP'S FORM 990 IS PREPARED BY THE ORGANIZATION'S INTERNAL ACCOUNTING DEPARTMENT IN CONJUNCTION WITH A NATIONALLY RECOGNIZED ACCOUNTING FIRM. UPON COMPLETION, THE FORM 990 IS DISTRIBUTED TO SENIOR MANAGEMENT AND TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE 990 IS PRESENTED TO THE AUDIT COMMITTEE AND SUBJECTED TO A DETAILED REVIEW BEFORE IT IS APPROVED FOR FILING. A COPY OF THE FINAL FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW AND COMMENT PRIOR TO SUBMISSION WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, LINE 12C ALL BOARD MEMBERS, OFFICERS, AND EMPLOYEES WHO ARE VICE PRESIDENTS AND

Schedule O (Form 990 or 990-EZ) 2019		Page <b>2</b>
Name of the organization	Employer identification number	
SESAME WORKSHOP	13-2655731	

ABOVE ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY, AND DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN RESPONSE TO A CONFLICT OF INTEREST QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE GENERAL COUNSEL AND SECRETARY TO THE BOARD AND ARE PRESENTED TO THE AUDIT COMMITTEE. IN THE EVENT OF A REAL OR POTENTIAL CONFLICT, THE AUDIT COMMITTEE OF THE BOARD AND THE GENERAL COUNSEL/SECRETARY SHALL ENFORCE THE CONFLICT OF INTEREST POLICY'S REQUIREMENT OF RECUSAL FROM PARTICIPATING IN ANY DELIBERATIONS AND DECISIONS RELEVANT TO THE DISCLOSURES.

PART VI, SECTION B, LINE 15A AND 15B

EACH YEAR, THE PERSONNEL & COMPENSATION COMMITTEE OF THE BOARD -COMPRISED OF A MAJORITY OF INDEPENDENT TRUSTEES - REVIEWS THE ORGANIZATION'S COMPENSATION PHILOSOPHY AND WORKS WITH AN INDEPENDENT, THIRD PARTY COMPENSATION CONSULTING FIRM TO COLLECT COMPARABLE MARKET DATA TO SET APPROPRIATE SALARY RANGES FOR EACH OF THE POSITIONS HELD BY THE OFFICERS AND KEY EMPLOYEES.

IN SO DOING, THE COMMITTEE TAKES INTO CONSIDERATION THE COMPETITIVE LABOR MARKETPLACE FOR SUCH POSITIONS AND THE COMPARABILITY DATA IN THE NOT-FOR-PROFIT AND, IN SOME INSTANCES THE FOR-PROFIT SECTORS, AS APPLICABLE. WITH RESPECT TO THE CEO POSITION, THE COMMITTEE TAKES INTO CONSIDERATION THE COMPARABILITY DATA IN BOTH THE NOT-FOR-PROFIT AND FOR-PROFIT SECTOR.

THE ANNUAL JOB PERFORMANCE FOR EACH OFFICER AND KEY EMPLOYEE ARE REVIEWED

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AND ANY CHANGES IN THE BASE COMPENSATION AND/OR ANY INCENTIVE AWARDS AS DETERMINED THROUGH SESAME WORKSHOP'S TARGETED INCENTIVE PROGRAM ARE REVIEWED AND APPROVED. THE CEO'S ACTUAL JOB PERFORMANCE IS REVIEWED BY THE PERSONNEL AND COMPENSATION COMMITTEE AND EVALUATED BY THE FULL BOARD OF TRUSTEES. THE REVIEW INCLUDES A SURVEY THAT GATHERS INPUT FROM ALL TRUSTEES. ANY RECOMMENDED INCENTIVE COMPENSATION AWARD OR SALARY CHANGE IS DETERMINED IN CONSULTATION WITH THE INDEPENDENT COMPENSATION CONSULTANT. THE RECOMMENDATION IS PRESENTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. THE DELIBERATIONS AND DECISIONS OF THE PERSONNEL & COMPENSATION COMMITTEE, AS WELL AS THE FULL BOARD OF TRUSTEES WITH RESPECT TO THE CEO'S PERFORMANCE AND COMPENSATION, ARE CONTEMPORANEOUSLY DOCUMENTED AND THE PERSONNEL & COMPENSATION COMMITTEE REPORTS ON ITS ACTIONS TO THE FULL BOARD OF TRUSTEES.

SESAME WORKSHOP COMMISSIONED ITS LAST COMPENSATION SURVEY AS RECENTLY AS SEPTEMBER OF 2020.

PART VI, SECTION C, LINE 19 SESAME WORKSHOP'S FORM 990 IS AVAILABLE ON ITS WEBSITE (HTTP://WWW.SESAMEWORKSHOP.ORG) AS IS SESAME WORKSHOP'S AUDITED FINANCIAL STATEMENTS. THE FORM 990 IS AVAILABLE AT GUIDESTAR.COM. SESAME WORKSHOP'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST.

PART XI, LINE 9

JSA

OTHER NON-OPERATING EXPENSES - \$145,254

Page 2

Page 2

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CREATION AND DISTRIBUTION OF EDUCATIONAL MEDIA SESAME WORKSHOP CREATES EDUCATIONAL CONTENT FOR PRESCHOOL CHILDREN AND DISTRIBUTES THAT CONTENT IN THE U.S. AND AROUND THE WORLD, ACROSS VARIOUS MEDIA PLATFORMS INCLUDING TELEVISION, DIGITAL STREAMING, ONLINE, RADIO, PRINT, MOBILE, AND HOME ENTERTAINMENT. THE CONTENT FOLLOWS A WHOLE CHILD CURRICULUM AND IS DESIGNED TO GIVE VULNERABLE CHILDREN EQUAL AND EARLY ACCESS TO PRESCHOOL LEARNING. SESAME WORKSHOP IS MOST WELL-KNOWN FOR ITS FLAGSHIP EDUCATIONAL PROGRAM "SESAME STREET." THE SHOW CURRENTLY BROADCASTS MULTIPLE TIMES A DAY IN THE U.S. ON THE PUBLIC BROADCASTING SERVICE (PBS), WHICH IS AVAILABLE FOR FREE IN 98% OF HOUSEHOLDS WITH TELEVISIONS. IN ADDITION TO ITS PRESENCE ON PBS AND OTHER TELEVISION AND DIGITAL PLATFORMS, "SESAME STREET" VIDEOS, INTERACTIVE GAMES AND OTHER EDUCATIONAL CONTENT ARE AVAILABLE FREE OF CHARGE FOR USERS ON WWW.SESAMESTREET.ORG, WWW.PBSKIDS.ORG AND WWW.YOUTUBE.COM. INCLUDING ITS DISTRIBUTION ON BROADCAST, STREAMING VOD AND CABLE TV AND ITS PRESENCE ON VARIOUS DIGITAL PLATFORMS, "SESAME STREET" REACHES 10.9 MILLION KIDS' AGES 0-8 IN THE U.S. ON A MONTHLY BASIS. ITS CONTINUED POPULARITY PLACES IT AS THE #2 PRE-SCHOOL SHOW ON PBS. SESAME STREET'S FREE YOUTUBE CHANNEL RECEIVED OVER 2.3 BILLION VIEWS DOMESTICALLY IN FISCAL YEAR 2020 (AND 6.4 BILLION VIEWS WORLDWIDE). RESEARCH HAS SHOWN THAT CHILDREN WHO WATCH "SESAME STREET" CONSISTENTLY PERFORM

Employer identification number 13-2655731

ATTACHMENT 1 (CONT'D)

Page 2

BETTER ACADEMICALLY AT EVERY GRADE LEVEL THROUGH HIGH SCHOOL AND HAVE MORE DEVELOPED SOCIAL SKILLS.

"SESAME STREET" IS ALSO SEEN IN OVER 130 COUNTRIES THROUGH DISTRIBUTION AGREEMENTS WITH LOCAL PUBLIC AND COMMERCIAL BROADCASTERS. IN ADDITION, LOCAL ADAPTATIONS OF "SESAME STREET" ARE PRODUCED AND DISTRIBUTED IN GERMANY, THE NETHERLANDS, LATIN AMERICA, SOUTH AFRICA, INDIA, BANGLADESH, SOMALIA, ETHIOPIA AND AFGHANISTAN. THE PROGRAM REACHES 150 MILLION KIDS ON A WORLDWIDE BASIS.

IN ADDITION TO THE DISTRIBUTION OF SESAME STREET ON MASS MEDIA PLATFORMS, SESAME WORKSHOP ALSO LEVERAGES IT MEDIA CONTENT AND WHOLE-CHILD CURRICULUM TO REACH KIDS IN FORMAL SCHOOL SETTINGS. IN FY 2020, SESAME WORKSHOP WORKED WITH ITS PARTNER, EDUCATIONAL PUBLISHER MCGRAW HILL (MH), TO BEGIN IMPLEMENTING THE WORKSHOP'S FIRST INTEGRATED PROGRAM INCORPORATING CRITICAL SOCIAL EMOTIONAL LEARNING (SEL) SKILLS INTO MH'S WONDERS ENGLISH LANGUAGE ARTS CURRICULUM FOR ELEMENTARY (GRADES K-5) STUDENTS IN TEXAS AND SELECTED DISTRICTS NATIONWIDE. THIS YEAR, WE COMPLETED ADAPTATIONS OF THE SAME CURRICULUM PROGRAM FOR STATE ADOPTION IN FLORIDA. PLACING SECOND ON THE ADOPTION LIST, MH WILL IMPLEMENT THE PROGRAM IN SEPT. 2021. DURING COVID 19, MH BEGAN PROMOTING OUR CARING FOR EACH OTHER RESOURCES TO FAMILIES THROUGH SESAME STREET IN COMMUNITIES TO ALL 13,000 SCHOOL DISTRICTS.

PAGE 62

ATTACHMENT 1 (CONT'D)

OUR OTHER SCHOOL PARTNER, TEACHSTONE LLC, WHICH IS THE LEADING PROVIDER OF THE TEACHER EVALUATION SYSTEM, CLASSROOM ASSESSMENT SCORING SYSTEM® (CLASS), IS NOW OFFEING CONTINUING EDUCATION CREDITS FOR OUR PROFESSIONAL DEVELOPMENT VIDEOS THAT LEVERAGE SESAME STREET CONTENT. ADDITIONALLY, WE SECURED A SECOND GRANT FROM THE CHAN ZUCKERBERG INITIATIVE, AFTER SEEING EARLY SUCCESS WITH THEIR FIRST 3-YEAR GRANT WHERE WE DEMONSTRATED GAINS IN BOTH EARLY LITERACY AS WELL AS CHILDREN'S SOCIAL EMOTIONAL LEARNING (SEL) COMPETENCIES. WE ARE CONDUCTING FORMATIVE AND PARTICIPATORY RESEARCH ON OUR EARLY CHILDHOOD CURRICULUM THAT IS DESIGNED TO EMBED SEL IN THE CONTEXT EMERGENT LANGUAGE AND LITERACY DEVELOPMENT. WE NOW HAVE FOUR PILOT SCHOOLS AND OVER 22 CLASSROOMS, MANY OF WHOM BEGAN USE OF THE CURRICULUM IN AUGUST 2019. WE'VE BEEN ABLE TO OFFER ADDITIONAL SESAME STREET-BASED LESSONS FOR USE AT HOME DURING THE PANDEMIC.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

#### INTERNATIONAL SOCIAL IMPACT

JSA

SESAME WORKSHOP PARTNERS WITH LOCAL EXPERTS, INCLUDING EDUCATORS, DONORS, MEDIA ORGANIZATIONS, GOVERNMENT MINISTRIES AND NGOS, TO DEVELOP, PRODUCE AND EVALUATE LOCAL ADAPTATIONS OF "SESAME STREET" AND DIRECT SERVICE INITIATIVES THAT ARE TAILORED TO MEET THE SPECIFIC EDUCATIONAL NEEDS OF A PARTICULAR COUNTRY OR REGION. THE

Employer identification number 13-2655731

ATTACHMENT 2 (CONT'D)

SCOPE OF OUR INTERNATIONAL SOCIAL IMPACT WORK RANGES FROM COUNTRY-SPECIFIC INITIATIVES -- SUCH AS IN BANGLADESH, SOUTH AFRICA, INDIA, AND AFGHANISTAN -- TO MULTI-COUNTRY PROGRAMS AND REGIONAL PROJECTS WITH AN EMPHASIS ON WORK IN SOUTH ASIA, SUB-SAHARAN AFRICA AND THE MIDDLE EAST.

THROUGHOUT FISCAL YEAR 2020, SESAME WORKSHOP CONTINUED ROBUST SOCIAL IMPACT WORK, EXPANDING INTO NEW REGIONS AND THEMATIC AREAS WHILE ALSO DEEPENING ENGAGEMENT IN EXISTING COUNTRIES. DURING THE SECOND HALF OF FY20, SESAME WORKSHOP PROACTIVELY ADAPTED PROGRAM MODELS AND DELIVERY MECHANISMS TO MEET THE NEEDS OF YOUNG CHILDREN AFFECTED BY THE EMERGING COVID-19 PANDEMIC. SESAME WORKSHOP ALSO PRODUCED, ADAPTED, AND DISTRIBUTED NEW GLOBAL CONTENT ADDRESSING THE SPECIFIC HEALTH, HYGIENE, AND SOCIO-EMOTIONAL RESILIENCE NEEDS OF CHILDREN AND FAMILIES.

THE COVID-19 PANDEMIC REQUIRED INTERNATIONAL SOCIAL IMPACT TEAMS TO ADAPT AND INNOVATE PROGRAM PLANNING AND DELIVERY TO NOT ONLY ADJUST EXISTING PROGRAM PLANS, BUT ALSO MEET THE NEW AND EVOLVING NEEDS OF CHILDREN AND FAMILIES WITH HEALTH AND HYGIENE MESSAGING, EDUCATIONAL MATERIALS DURING SCHOOL CLOSURES, AND SOCIAL EMOTIONAL SUPPORT. AS PART OF SESAME WORKSHOP'S CARING FOR EACH OTHER COVID-19 RESPONSE INITIATIVE, THE INTERNATIONAL SOCIAL IMPACT TEAM QUICKLY DISTRIBUTED A SERIES OF PSAS ON HEALTHY HABITS THAT WAS AVAILABLE IN 36 LANGUAGES AND HAD AIRED IN OVER 95 COUNTRIES BY THE END OF FISCAL YEAR 2020. WITH SUPPORT FROM THE LEGO

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Schedule O (Form 990 or 990-EZ) 2019

Employer identification number 13-2655731

## ATTACHMENT 2 (CONT'D)

FOUNDATION, WE PRODUCED A GLOBAL FAMILY SPECIAL, ELMO'S WORLD NEWS, FEATURING MUPPETS AND CHILDREN FROM AROUND THE WORLD SHARING MESSAGES ABOUT PLAYFUL LEARNING AND MANAGING BIG FEELINGS. THIS SPECIAL PREMIERED IN JUNE 2020 AND WENT ON TO AIR IN OVER 52 COUNTRIES IN 17 LANGUAGES.

IN BANGLADESH, SEASON 12 OF SISIMPUR PREMIERED ON NATIONAL BROADCASTER, BTV, AND DURONTO TV, BANGLADESH'S LARGEST CHILDREN'S CHANNEL, AS PART OF SESAME WORKSHOP'S ONGOING PARTNERSHIP WITH USAID. PRODUCTION OF 52 EPISODES THAT WILL MAKE UP SEASON 13 AND 14 WAS COMPLETED AND WILL AIR DURING FISCAL YEARS 2021 AND 2022. SESAME WORKSHOP BANGLADESH CELEBRATED ITS 15TH ANNIVERSARY, RECEIVING COVERAGE BY OVER 50 MEDIA ENTITIES AND INCLUDED CELEBRATION EVENTS WITH THE US AMBASSADOR TO BANGLADESH AND USAID MISSION DIRECTOR. IN PARTNERSHIP WITH THE WORLD FOOD PROGRAMME, WE LAUNCHED A STORYBOOK COLLABORATION IN COX'S BAZAR DISTRIBUTING MATERIALS TO 146 SCHOOLS.

IN SOUTH AFRICA, SESAME WORKSHOP KICKED OFF CELEBRATION OF OUR 20TH ANNIVERSARY WITH THE LAUNCH OF SEASON 11 OF TAKALANI SESAME IN JUNE 2020 ON PUBLIC BROADCASTER, SABC 2. THIS NEW SEASON INCLUDES A FOCUS ON PROBLEM SOLVING AND DIVERSITY AND INCLUSION WITH ALL PRODUCTION COMPLETED IN SOUTH AFRICA DURING FISCAL YEAR 2020. THE LAUNCH AND ACCOMPANYING MARKETING AND COMMUNICATIONS ACTIVITIES REACHED MORE THAN 8 MILLION PEOPLE DURING THE CAMPAIGN'S FIRST TWO WEEKS. SESAME WORKSHOP TEAMS CONTINUED

Employer identification number 13-2655731

ATTACHMENT 2 (CONT'D)

PREPARATION FOR MULTI-PROVINCE PLAYFUL LEARNING AND PARENTAL ENGAGEMENT INTERVENTIONS, HOWEVER IMPLEMENTATION WAS DELAYED DUE TO COVID-19 SCHOOL CLOSURES.

IN INDIA, GALLI GALLI SIM SIM CONTINUED TO BROADCAST ON PUBLIC BROADCASTER, DOORDARSHAN, THROUGHOUT FISCAL YEAR 2020. IN LIGHT OF SCHOOL CLOSURES AND AN INCREASED NEED FOR EDUCATIONAL CONTENT, GALLI GALLI SIM SIM WAS BROADCAST FIVE DAYS/WEEK ON DD NATIONAL, THE BROADCASTER'S FLAGSHIP CHANNEL. DURING THE END OF FISCAL YEAR 2020, THE SHOW REACHED A CUMULATIVE 43 MILLION CHILDREN AGED 2 -14. SESAME WORKSHOP LAUNCHED MULTIPLE COMMUNITY OUTREACH PROGRAMS IN SCHOOLS AND ANGANWADI CENTERS FOCUSING ON THEMES INCLUDING NUTRITION AND EARLY LEARNING. ADAPTING TO CHANGING NEEDS CAUSED BY COVID-19, SESAME WORKSHOP INDIA DISTRIBUTED EDUCATIONAL MATERIALS TO CHILDREN AND CAREGIVERS WITH PARTNERS INCLUDING GRAMVAANI, CONVEGENIUS, THINKZONE, AND UNICEF.

SEASON 7 OF BAGHCH-E-SIMSIM TELEVISION LAUNCHED IN AFGHANISTAN IN BOTH DARI AND PASHTO IN NOVEMBER 2019. NEW RADIO EPISODES PREMIERED EARLIER IN FISCAL YEAR 2020 ACROSS THE COUNTRY. THE SEASON 7 EVALUATION INDICATED A STATISTICALLY SIGNIFICANT INCREASE IN COGNITION, TASK AND OBJECT PERSISTENCE, AND PERSISTENCE BEHAVIORS IN CHILDREN. WE SIGNED A NEW FIVE-YEAR BROADCAST AGREEMENT WITH THE MOBY GROUP TO GUARANTEE CONTINUED BAGHCH-E-SIMSIM BROADCAST THROUGH NOVEMBER 2024 ENSURING THAT THE CONTENT AND CHARACTERS REMAIN PRESENT IN CHILDREN'S LIVES.

ATTACHMENT 2 (CONT'D)

Page 2

WE EXPANDED REACH IN EAST AFRICA WITH THE TELEVISION PREMIERE OF SOMALI LANGUAGE SHOW, SESAME SHEEKO SHEEKO, ON HORN CABLE TV IN DECEMBER 2019 AND GOOBJOOG TV IN JANUARY 2020. THROUGH THESE BROADCASTERS, THE SERIES IS REACHING CHILDREN IN SOMALIA, KENYA, ETHIOPIA, AND DJIBOUTI. AFTER A SUCCESSFUL TV LAUNCH, SESAME SHEEKO SHEEKO RADIO EPISODES PREMIERED ON LOCAL RADIO STATIONS THROUGHOUT SOMALIA, ETHIOPIA, AND DJIBOUTI. THE 27 RADIO EPISODES FOCUS ON THEMES OF MUTUAL RESPECT AND UNDERSTANDING AND AIR ALONGSIDE A PARENT-FACING RADIO SHOW DEVELOPED BY OUR PARTNER, EQUAL ACCESS INTERNATIONAL. DURING THE SECOND HALF OF FISCAL YEAR 2020, WE BEGAN PLANNING FOR A NEW SWAHILI LANGUAGE TELEVISION SHOW, SESAME HADITHI NJOO, A SECOND SEASON OF SESAME SHEEKO SHEEKO RADIO EPISODES AND CREATED A SOMALI-LANGUAGE FACILITATORS GUIDE TO BE USED IN CLASSROOM INTERVENTION PILOTS IN EARLY FISCAL YEAR 2021.

SESAME WORKSHOP'S "WASH UP" PROGRAM EXPANDED TO INDIA, PERU, AND RWANDA WITH LIFE-SAVING HEALTH AND BEHAVIOR-CHANGE EDUCATION. NEW LOCALLY RELEVANT VIDEO CONTENT, OUTREACH MATERIALS AND TRAININGS WERE DEVELOPED IN PARTNERSHIP WITH WORLD VISION. IMPLEMENTATION OF THE "WASH UP!" PROGRAM CONTINUED AND IS NOW IMPLEMENTED IN OVER 15 COUNTRIES AND HAS REACHED MORE THAN 800,000 CHILDREN. PLANNING BEGAN FOR ADDITIONAL EXPANSION TO KENYA AND MOZAMBIQUE, HOWEVER COVID-19 SCHOOL CLOSURES DELAYED IMPLEMENTATION. WE FURTHER DEEPENED OUR WASH ACTIVITIES IN NIGERIA FOCUSING ON THE

Employer identification number 13-2655731

ATTACHMENT 2 (CONT'D)

Page 2

INTERSECTION OF WASH AND GENDER WITH PLAN INTERNATIONAL, AND IN BANGLADESH IN PARTNERSHIP WITH THE WORLD FOOD PROGRAMME.

AFTER BEGINNING IMPLEMENTATION IN FISCAL YEAR 2019, SESAME WORKSHOP'S "WASH UP! GIRL TALK" INITIATIVE COMPLETED PILOT IMPLEMENTATION IN ZIMBABWE IN FALL 2020. REACHING OVER 20,000 STUDENTS IN 150 SCHOOLS, "GIRL TALK" INTEGRATES MENSTRUAL HYGIENE MANAGEMENT, RESULTING IN POSITIVE CHANGES IN KNOWLEDGE AND ATTITUDES. WHEN TESTED, STUDENTS IN THE PROGRAM SHOWED AN AVERAGE INCREASE IN KNOWLEDGE FROM 58% TO 81%, WHEREAS STUDENTS WHO DID NOT RECEIVE THE PROGRAM SHOWED NO IMPROVEMENT.

PHASE TWO OF FINANCIAL EMPOWERMENT INIATAITVE, "DREAM, SAVE, DO" CONTINUED CONTENT DEVELOPMENT AND IMPLEMENTATION THROUGHOUT FISCAL YEAR 2020. AHEAD OF COVID-19, SHUTDOWNS, A SERIES OF COMMUNITY EVENTS AND PROGRAMMING WAS HELD IN JAPAN, MEXICO, AND BRAZIL ALONG WITH DIGITAL VIDEO CAMPAIGNS PROMOTING PROGRAM THEMES. THE INITIATIVE WILL CLOSE IN FEBRUARY 2021.

SESAME WORKSHOP CONTINUED TO ADAPT PROGRAMMING THROUGHOUT THE END OF FISCAL YEAR 2020. WE CONVENED A VIRTUAL ADVISORY FOR COVID-19 RESPONSE IN LOW-RESOURCE, NON-US CONTEXTS WITH EXPERTS IN EARLY CHILDHOOD, GLOBAL HEALTH AND PEDIATRICS, INTERNATIONAL DEVELOPMENT, PARENTING, AND SOCIAL EMOTIONAL LEARNING. ALONG WITH THE FAMILY SPECIALS SPECIAL, TEAMS ADAPTED EXISTING PRINT AND VIDEO MATERIALS FOR DIGITAL DISTRIBUTION AND BEGAN DEVELOPING NEW

Employer identification number 13-2655731

ATTACHMENT 2 (CONT'D)

MATERIALS FOR DISTRIBUTION THROUGHOUT FISCAL YEAR 2021.

ATTACHMENT 3

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

U.S. SOCIAL IMPACT

JSA

IN ADDITION TO DISTRIBUTING ITS EDUCATIONAL CONTENT ON MASS MEDIA PLATFORMS, SESAME WORKSHOP CREATES AND DISTRIBUTES MULTI-MEDIA EDUCATIONAL INITIATIVES AND MATERIALS THAT ARE TARGETED TO SPECIFIC AT-RISK AUDIENCES OR THAT ADDRESS SPECIFIC EDUCATIONAL NEEDS.

IN FY 2020, THE SESAME STREET IN COMMUNITIES (SSIC) PROGRAM TACKLED ADDITIONAL TOUGH TOPICS TO MEET THE NEEDS OF VULNERABLE CHILDREN AND FAMILIES. NEW BILINGUAL (ENGLISH/SPANISH) PARENTAL ADDICTION RESOURCES LAUNCHED IN OCTOBER 2019 INCLUDE: MUPPET VIDEOS FEATURING KARLI, A 6-YEAR-OLD MUPPET WITH A MOTHER IN RECOVERY FROM ADDICTION, DOCUMENTARY VIDEOS WITH A FAMILY IN RECOVERY, ARTICLES, PRINTABLES, A DIGITAL INTERACTIVE, AND PROVIDER WORKSHOPS FEATURING VIDEO WITH REAL PROVIDERS WORKING WITH FAMILIES. THIRTY-FIVE THOUSAND COPIES OF THE PLAY, TALK, IMAGINE STORYBOOKS WERE PRINTED AND MADE AVAILABLE FOR FREE TO COMMUNITY PARTNERS. WE ALSO HOSTED A SERIES OF FOUR WEBINARS FOR PROVIDERS, EACH FEATURING AN EXPERT WORKING WITH YOUNG CHILDREN AND FAMILIES ACROSS A VARIETY OF SECTORS. THE PROJECT GARNERED OVER 2.5 BILLION COMBINED MEDIA IMPRESSIONS WITHIN A WEEK OF

Employer identification number 13-2655731 Page 2

ATTACHMENT 3 (CONT'D)

LAUNCH, INCLUDING FEATURES ON TODAY SHOW, NBC NIGHTLY NEWS, A NY TIMES ARTICLE, AND MORE.

IN RESPONSE TO THE COVID-19 GLOBAL PANDEMIC, SESAME WORKSHOP RESPONDED BY CREATING THE CARING FOR EACH OTHER (CFEO) INITIATIVE. THIS INITIATIVE LAUNCHED ON SESAMESTREET.ORG/CARING ON MARCH 20, 2020 AND FEATURES RESOURCES INCLUDING SESAME MUPPET VIRTUAL PLAYDATES, STREET YOUTUBE PLAYLISTS, OVER 110 FREE EBOOKS AND MORE. THE PSAS THAT LAUNCHED MARCH 20 WENT GLOBAL IN 36 LANGUAGES AND 96 COUNTRIES AND GARNERED OVER FIVE MILLION VIEWS. ON MARCH 30TH, SSIC CONTINUED TO ADD TO CFEO WITH THE LAUNCH OF HEALTH EMERGENCIES - AN ADDITIONAL NEW SUITE OF BILINGUAL (ENGLISH/SPANISH) MULTIMEDIA RESOURCES INCLUDING ANIMATIONS, PRINTABLES, AND PARENT ARTICLES. WE EXPANDED THESE RESOURCES ON APRIL 29TH, WITH NEW CONTENT BUNDLES ON EVERYDAY CHALLENGES, DESIGNED TO HELP CHILDREN IDENTIFY CHALLENGES AND EXPRESS THEMSELVES. WE ALSO CONDUCTED SURVEYS TARGETING CAREGIVERS AND PROVIDERS TO DETERMINE APPEAL AND APPLICATION OF RESOURCES. ON JUNE 15TH, WE LAUNCHED HEROES FOR HEALTH RECOGNIZING THAT FAMILIES OF ESSENTIAL WORKERS - PHARMACISTS, DOCTORS, NURSES, GROCERS, CHILDCARE PROVIDERS, FIRST RESPONDERS, AND OTHERS ARE FACING UNIQUE CHALLENGES. SINCE LAUNCH, THE SSIC HEALTH EMERGENCIES PAGE HOSTING ALL THIS CONTENT HAS BEEN THE #1 VIEWED PAGE WITH OVER 372,000 SESSIONS (FROM MARCH 30, 2020 - JUNE 30, 2020) AND ACCOUNTING FOR 23% OF ALL PAGEVIEWS TO THE SITE.

Employer identification number 13-2655731

ATTACHMENT 3 (CONT'D)

TO ADVISE SESAME WORKSHOP ON HOW TO BEST SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES, EXPERTS FROM A WIDE RANGE OF EXPERIENCE AND BACKGROUNDS GATHERED ONLINE JUNE 22ND, 2020 TO SHARE THEIR KNOWLEDGE ON RACIAL JUSTICE. THIS CONVENING STROVE TO ADDRESS TWO BROAD AND INTERSECTING INQUIRIES; FIRST, HOW CAN WE BEST SUPPORT OUR BLACK, AFRICAN AMERICAN, AND BROWN CHILDREN AND FAMILIES THROUGH THE TRAUMA AND GRIEF OF HISTORICALLY CONTINUING RACISM, AND SECOND, HOW WE UNDERSTAND THE CRITICAL IMPORTANCE OF STARTING EARLY WITH OUR CHILDREN AND ENGAGING ALLIES AND ADVOCATES OF ALL AGES TO CONFRONT AND TAKE ACTION AGAINST RACISM. INFORMATION GATHERED FROM THIS FIRST CONVERSATION CENTERED ON CONCEPTS OF NAMING, REFLECTING, AND COMMUNICATING. THIS INFORMATION IS CONTRIBUTING TO AN ORGANIZATION-WIDE EFFORT ON RACIAL JUSTICE, AS WELL AS SPECIFICALLY FOR THE SSIC RACIAL JUSTICE INITATIVE LAUNCHING IN FY21.

WE CONTINUED OUR COMMITMENT TO PROVIDING RESOURCES TO FAMILIES, CAREGIVERS, TEACHERS AND PROVIDERS AROUND THE COUNTRY TO PROVIDE A GREATER UNDERSTANDING ABOUT AUTISM AND TOOLS TO HELP FAMILIES TOUCHED BY AUTISM. LAUNCHING IN APRIL 2020 DURING AUTISM ACCEPTANCE MONTH, NEW BILINGUAL RESOURCES INCLUDED AN ANIMATION BY EXCEPTIONAL MINDS STUDIO, A NON-PROFIT TRAINING ACADEMY AND PROFESSIONAL STUDIO PREPARING YOUNG ADULTS ON THE AUTISM SPECTRUM FOR CAREERS IN ANIMATION AND OTHER DIGITAL ARTS FIELDS. IN THE ANIMATION, JULIA AND HER BIG BROTHER SAMUEL CREATE A STORY TOGETHER ABOUT HER STUFFED BUNNY FLUFFSTER. ADDITIONAL RESOURCES

ATTACHMENT 3 (CONT'D)

INCLUDE TWO NEW DIGITAL VIDEO MOMENTS FEATURING JULIA'S FAMILY, CORONAVIRUS RELATED TIPS FOR FAMILIES WITH AUTISTIC CHILDREN, AND NEW PRINTABLE ACTIVITIES AND ARTICLES FOR PARENTS FOR SESAMESTREET.ORG/AUTISM. IN ADDITION, A SESAME STREET EPISODE FEATURING JULIA BROADCAST ON PBS AND HBO IN APRIL 2020, CENTERED AROUND LEARNING HOW TO PLAY WELL TOGETHER.

IN FEBRUARY 2020, THE SSIC TEAM HOSTED OUR LOCAL PARTNERS AT THE WORKSHOP IN NEW YORK CITY. NEARLY ALL 23 PARTNER ORGANIZATIONS WERE REPRESENTED AT THE CONVENING AND AT LEAST 1 REPRESENTATIVE FROM ALL 8 COMMUNITIES WAS ABLE TO ATTEND. DURING THIS THREE-DAY WORKSHOP, PARTNERS WERE ENCOURAGED TO COLLABORATE AND BRAINSTORM WAYS TO DEEPEN THEIR IMPACT, WHILE ALSO CONNECTING WITH OTHER PARTNERS FROM ACROSS THE COUNTRY. WE ASSESSED STRENGTHS IN EACH COMMUNITY AND CELEBRATED THE "WINS", LIKE PORTABLE COMFY-COZY SPACES AND COFFEE & CONVERSATION PROGRAMMING THAT INCORPORATED SSIC. WE ALSO TALKED ABOUT THE CHALLENGES EACH COMMUNITY FACED WITH IMPLEMENTATION AND SUSTAINABILITY, WHICH HELPED SHAPE CONVERSATIONS WE'D LATER HAVE WITH CONSULTANTS SURROUNDING SCALING THE SSIC PROGRAM. WE CLOSED OUT THE DAY WITH A PANEL-STYLE CONVERSATION TO FIND SOLUTIONS TO THE MAIN CHALLENGES PARTNERS SHARED, WHICH ALLOWED FOR THE DEVELOPMENT OF NEW IDEAS AND CONNECTIONS.

IN ADDITION TO CELEBRATING THE EXISTING 8 COMMUNITIES, SESAME STREET IN COMMUNITIES CONTINUED ONGOING DISCUSSIONS WITH REGIONAL

ATTACHMENT 3 (CONT'D)

AND LOCAL PARTNERS, EXPANDING INTO THREE ADDITIONAL COMMUNITIES THIS YEAR THROUGH A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION. SSIC LAUNCHED IN BALTIMORE, MD, MARICOPA COUNTY, AZ, AND MIAMI, FL FOCUSING ON PARENTAL ADDICTION, TRAUMATIC EXPERIENCES, AND RESILIENCE. THIS PROJECT BEGAN IN DECEMBER OF 2019 AND WAS QUICKLY ADAPTED TO MEET THE VIRTUAL NEEDS OF PARTNERS AMID THE ONGOING PANDEMIC. RATHER THAN COMMUNITY EVENTS, EACH PARTNER ORGANIZATION PARTICIPATED IN THE FILMING OF A DIGITAL RESILIENCE SPECIAL TO AIR ON FACEBOOK AND YOUTUBE IN THE FALL OF 2020. THE SPECIAL WOULD INCLUDE KARLI, ELMO, AND ROSITA SPEAKING WITH GROWN-UPS AND EXPERTS ABOUT THE IMPORTANCE OF RESILIENCY SKILLS AND BOUNCING BACK DURING TOUGH TIMES.

SESAME WORKSHOP CONTINUED ITS 16-YEAR PARTNERSHIP WITH THE PNC FOUNDATION TO CREATE BILINGUAL (ENGLISH/SPANISH) MULTIMEDIA SCHOOL READINESS MATERIALS FOR PROVIDERS, CAREGIVERS, AND CHILDREN. IN AUGUST 2019, WE ADDED FIVE PARENT MOMENT VIDEOS AND A NEW GAME WITH GOALS CENTERED AROUND EXECUTIVE FUNCTIONING SKILLS, ELMO'S BRAIN GAMES TO THE SCHOOL READINESS TOPIC PAGE ON SSIC. IN APRIL 2020 WE LAUNCHED TWO VIDEOS SHOWCASING THE SCHOOL VS. HOME ROUTINES OF A PRESCHOOLER AND A KINDERGARTENER. WE ALSO LAUNCHED THE NEW BILINGUAL SESAME STREET: READY FOR SCHOOL CHALLENGE PODCASTS FEATURING ELMO AND CHRIS IN ENGLISH, AND ROSITA AND SOPHIA IN SPANISH. SIX EPISODES LAUNCHED WEEKLY FROM APRIL TO MID-MAY IN THE SCHOOL READINESS TOPIC ON SSIC AND ON ITUNES INCLUDING TOPICS SUCH AS "THE VERY FIRST DAY," "MAKING NEW

Schedule O (Form 990 or 990-EZ) 2019	Page
Name of the organization	Employer identification number
SESAME WORKSHOP	13-2655731
	ATTACHMENT 3 (CONT'D)
FRIENDS," "FOLLOWING DIRECTIONS," "TEACHER TALK," "RECESS," AND	
"MORNING ROUTINES". EACH PODCAST IS CUSTOMIZED FOR ENTERING PRE-K,	

KINDERGARTEN OR FIRST GRADE. THE PODCASTS WERE VIEWED 108,975 VIEWS FROM APRIL THROUGH JUNE. WE ALSO PRINTED 350,000 COPIES OF A NEW TRIFOLD WITH A STICKER INSERT PROMOTING THE PODCASTS. THE TRIFOLD WAS DISTRIBUTED AT PNC BANK BRANCHES AND EVENTS. THROUGHOUT THE YEAR WE ALSO CONTINUED OUTREACH FOR THE GROWING TOGETHER COURSE, LEADING TO OVER 1,890 EDUCATORS COMPLETING THE COURSE THE PAST YEAR.

SESAME WORKSHOP CONTINUED, FOR ITS 15TH YEAR, ITS SESAME STREET FOR MILITARY FAMILIES (SS4MF) PROGRAM WHICH PROVIDES RESOURCES FOR MILITARY AND VETERAN FAMILIES. ON AUGUST 19, 2020 WE LAUNCHED A NEW SUITE OF RESOURCES ON FAMILY CAREGIVING TO SUPPORT BOTH MILITARY AND VETERAN FAMILIES. ON NOVEMBER 20TH, WE LAUNCHED ADDITIONAL DOCUMENTARY VIDEOS AND A PODCAST AND ON DECEMBER 9TH, WE LAUNCHED AN INTERACTIVE GUIDE FOR PROVIDERS SUPPORTING CAREGIVERS WITH THESE REOSURSES. THE LAUNCH GARNERED OVER 12 MILLION MEDIA IMPRESSIONS, AND OVER 600,000 UNIQUE VISITS AND VIDEO VIEWS TO THE SITE. ADDITIONALLY, WE LAUNCHED A NEW SS4MF YOUTUBE CHANNEL TO HOST ALL MILITARY AND VETRAN CONTENT ON MAY 2020. WE ALSO BEGAN WORK ON A NEW TOPIC: TRANISTIONS IN HEALTHCARE TO SUPPORT PSCSING FAMILIES AND CONDUCTED NEW RESEARCH ON THE SS4MF SITE.

FORM 990, PART III, LINE 4D - PROGRAM SERVICE, LINE 4D

ATTACHMENT 3 (CONT'D)

#### HUMANITARIAN RELIEF

IN THE FACE OF GLOBAL REFUGEE CRISIS, MILLIONS OF YOUNG CHILDREN DO NOT HAVE ACCESS TO EARLY CHILDHOOD DEVELOPMENT (ECD) OPPORTUNITIES THAT THEY NEED TO LEARN, RECOVER FROM ADVERSE EXPERIENCES, AND PREPARE THEM TO THRIVE. THE GLOBAL COVID-19 PANDEMIC FURTHER LIMITED CHILDREN'S ACCESS TO LEARNING, ESPECIALLY FOR MORE VULNERABLE FAMILIES. DURING FY20 SESAME WORKSHOP AND THE INTERNATIONAL RESCUE COMMITTEE (IRC), WITH SUPPORT FROM THE MACARTHUR FOUNDATION AND THE LEGO FOUNDATION, IMPLEMENTED AHLAN SIMSIM ("WELCOME SESAME" IN ARABIC), A PROGRAM THAT DELIVERS EARLY LEARNING AND NURTURING CARE THROUGH BROADCAST AND ECD SERVICES TO CHILDREN AND CAREGIVERS AFFECTED BY CONFLICT AND DISPLACEMENT IN IRAQ, JORDAN, LEBANON, AND SYRIA.

THE FIRST SEASON OF OUR EDUCATIONAL CHILDREN'S TELEVISION SERIES, AHLAN SIMSIM, AIRED IN FEBRUARY 2020 ON THE REGIONAL BROADCAST CHANNEL MBC3 AND REACHED OVER 3M CHILDREN IN IRAQ, JORDAN, LEBANON AND IRAQ; MILLIONS MORE ACROSS THE MIDDLE EAST AND NORTH AFRICA. TO SUPPORT CHILDREN'S LEARNING WHILE THEY STAYED AT HOME TO BE SAFE, THE PROGRAM PRODUCED AND BROADCAST 2 FAMILY SPECIALS. ALL VIDEO CONTENT IS AVAILABLE ON OUR YOUTUBE CHANNEL. IN ADDITION, THE PROGRAM LAUNCHED A SELECTION OF OUR STORYBOOKS, VIDEOS, AND PRINT MATERIALS, ALONG WITH SUPPORTING TEXT AND ACTIVITIES ON OUR WEBSITE'S RESOURCE CENTER.

IN ADDITION, DURING FY20 THE PROGRAM PROVIDED ECD SERVICES TO OVER

Page 2

PAGE 75

Employer identification number 13-2655731

ATTACHMENT 3 (CONT'D)

90,000 CHILDREN AND CAREGIVERS. WHILE ALL IN-PERSON SERVICES WERE SUSPENDED BEGINNING IN MARCH 2020, THE PROGRAM CONTINUED TO REACH FAMILIES REMOTELY BY DISTRIBUTING EARLY LEARNING LESSONS AND ACTIVITIES FOR CHILDREN BY PHONE AND MOBILE MESSAGING.

SESAME WORKSHOP EXPANDED ITS HUMANITARIAN RESPONSE EFFORTS BY JOINING WITH THE LEGO FOUNDATION, BRAC, THE IRC, AND NYU GLOBAL TIES FOR CHILDREN TO SUPPORT HUNDREDS OF THOUSANDS OF CHILDREN AND CAREGIVERS AFFECTED BY THE ROHINGYA AND SYRIAN REFUGEE CRISES THROUGH THE PLAY TO LEARN PROJECT. FUNDED BY THE LEGO FOUNDATION'S GROUNDBREAKING \$100 MILLION GRANT, SESAME WORKSHOP IS ELEVATING AWARENESS, ENGAGING POLICYMAKERS, AND INCREASING INVESTMENT FOR EARLY CHILDHOOD DEVELOPMENT (ECD) IN CRISIS SETTINGS, ENSURING ACCESS TO PLAY-BASED EARLY CHILDHOOD LEARNING OPPORTUNITIES THAT ARE VITAL TO EVERY CHILD'S DEVELOPMENT.

FROM JULY 2019-JUNE 2020, THE PLAY TO LEARN PROJECT MET THE IMMEDIATE NEED FOR ECD SERVICES IN REFUGEE AND HOST COMMUNITIES IN BANGLADESH, JORDAN, AND LEBANON. BY SCALING UP BRAC'S DIRECT SERVICES IN BANGLADESH, DEEPENING PLAY IN THE IRC'S DIRECT SERVICES IN JORDAN AND LEBANON AND WORKING WITH PARTNERS TO CONTINUE ENGAGING CHILDREN AND THEIR COMMUNITIES DURING COVID-19, THE PLAY TO LEARN TEAM REACHED OVER 295,718 CHILDREN 183,522 CAREGIVERS, AND 5,752 FACILITATORS. WHILE IN-PERSON PROGRAMMING WAS SUSPENDED DUE COVID-19 SAFETY CONCERNS, PLAY TO LEARN WORKED WITH PARTNERS TO CONTINUE DELIVERING ECD SERVICES VIA

JSA

Employer identification number 13-2655731 Page 2

ATTACHMENT 3 (CONT'D)

TELECOMMUNICATION SERVICES, AUDIO PSAS, AND COVID AWARENESS POSTERS AND STORYBOOKS.

THE PLAY TO LEARN TEAM ALSO CONTINUED CONTENT DEVELOPMENT EFFORTS THROUGH THE ONGOING DEVELOPMENT OF A LIBRARY OF GLOBALLY RELEVANT MODULAR ANIMATED VIDEOS IN FY20, WITH ACCOMPANYING CONTEXTUALIZED MATERIALS. TO ENSURE CULTURAL AND EDUCATIONAL RELEVANCE, THE PLAY TO LEARN RESEARCH TEAM TESTED FIRST DRAFTS OF CONTENT WITH CHILDREN IN BANGLADESH AND THE MIDDLE EAST. WITHIN THE NEXT TWO YEARS, THE PLAY TO LEARN TEAM WILL INTEGRATE THESE ANIMATIONS, AS WELL AS PRINT MATERIALS, IN HUMANITARIAN EARLY CHILDHOOD SERVICES IN BANGLADESH, JORDAN, AND LEBANON.

FORM 990, PART III, LINE 4D - OTHER F	PROGRAM SERVICES		ATTACHMENT 4		-
DESCRIPTION		GRANTS	EXPENSES	REVENUE	
HUMANITARIAN RELIEF		21,266,646.	36,331,979.		0.
	TOTALS	21,266,646.	36,331,979.		0.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UNITED KINGDOM

BANGLADESH

SOUTH AFRICA

CANADA

CHINA

INDIA

ATTACHMENT 5

0172772-00008

Schedule O (Form 990 or 990-EZ) 2019	Page <b>2</b>
Name of the organization	Employer identification number
SESAME WORKSHOP	13-2655731
	ATTACHMENT 5 (CONT'D)

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ISRAEL

JAPAN

JORDAN

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

	ATTACHMEN	JT 7
990, PART VII- COMPENSATION OF THE FIVE HI	GHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNTITLED PUPPET SHOW INC. 330 W. 42ND STREET, SUITE 2319 NEW YORK, NY 10036	PUPPET SHOW	4,000,000.
JORDAN PIONEERS 8 SHUKRI SHASHA'A ST AMMAN JORDAN 0096264640012	PRODUCTION SERVICES	2,161,956.
NELVANA LIMITED	PRODUCTION SERVICES	2,110,033.
JSA	Schedule	• O (Form 990 or 990-EZ) 2019

0172772-00008

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
SESAME WORKSHOP	13-2655731

# ATTACHMENT 7 (CONT'D)

\_

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

NAME AND ADDRESS	DESCRIPTION OF SER	VICES COMPENSATION
32 ATLANTIC AVENUE TORONTO CANADA M6K 1X8		
PULP FILMS 16 GLENEAGLES ROAD GREENSIDE SOUTH AFRICA 2034	PRODUCTION SERVIC	ES 1,383,778.
THE JIM HENSON COMPANY 1416 NORTH LA BREA AVENUE HOLLYWOOD, CA 90028	PRODUCTION SERVIC	ES 1,348,572.

JSA

Schedule O (Form 990 or 990-EZ) 2019

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

13-2655731

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

SESAME WORKSHOP

#### Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(2)	-				
(3)	-				
(4)	-				
(5)	-				
(6)					

### Part II

JSA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of re	lated organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	<b>g)</b> 512(b)(13) trolled tity?
							Yes	No
(1) SESAME STREET, INC.	13-2677928							
1900 BROADWAY	NEW YORK, NY 10023	TITLE HOLDING	DE	501(C)(2)	N/A	SESAME WORKS	X	
(2) THE ELECTRIC COMPANY INC.	13-2722079							
1900 BROADWAY	NEW YORK, NY 10023	TITLE HOLDING	DE	501(C)(2)	N/A	SESAME WORKS	X	
(3) JOAN GANZ COONEY CENTER FOR EDUCATI	<sup>ON</sup> 20-8783702							
1900 BROADWAY	NEW YORK, NY 10023	EDU. RESEARCH	DE	501(C)(3)	7	SESAME WORKS	x	
(4) GALLIGALLI SIMSIM EDUCATIONAL INITI	ATIVE							
153 OKHLA INDUSTRIAL ESTATE	PHASE III, NEW DEHLI IN 11	EDU. MEDIA	IN	N/A	N/A	SESAME WORKS	X	
(5) SESAME WORKSHOP INTERNATIONAL, INC.	83-1810098							
1900 BROADWAY	NEW YORK, NY 10023	EDU. MEDIA	NY	501(C)(3)	7	SESAME WORKS	x	
(6)								
/		1						
(7)								<u> </u>

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

Schedule R (Form 990) 2019

9E1307 1.000 4898CE 700J 5/14/2021 8:55:14 AM V 19-8.4F 0172772-00008 Schedule R (Form 990) 2019

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	(† Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	<b>(k)</b> Percentage ownership
		oouniy)		,			Yes	No		Yes	No	
(1)												
(2)	_											
(3)	-											
(4)	_											
(5)	-											
(6)	-											
(7)	-											

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

, 3				<u> </u>				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13 controlle entity?
								Yes No
(1) CTW COMMUNICATIONS, INC 13-2422089								
1900 BROADWAY NEW YORK, NY 10023	HOLDING	DE	SESAME WORKSHOP	C CORP	0.	104,186.	100.0000	x
(2) SESAME WORKSHOP INITIATIVES (INDIA) PLC								
153 OKHLA INDUSTRIAL ESTATE PHASE III, NEW DEHLI IN 11002	EDUCA. MEDIA	IN	SESAME WORKSHOP	C CORP	0.	1,691,040.	100.0000	x
(3) SESAME STREET BRAND MGMT & SVC SHANGHAI								
ROOM 504, W. TOWER, SHANGHAI CENTER NO. 1376, NANJING WES	EDUCA. MEDIA	СН	SESAME WORKSHOP	C CORP	0.	3,113,409.	100.0000	x
(4) SESAME STREET SEASON 51 PRODUCTIONS, INC 84-3808148								
1900 BROADWAY NEW YORK, NY 10023	VIDEO PROD.	DE	SESAME WORKSHOP	C CORP	-1,396,077.	8,877,592.	100.0000	x
(5) SESAME STREET SEASON 52 PRODUCTIONS, INC 85-1104505								
1900 BROADWAY NEW YORK, NY 10023	VIDEO PROD.	DE	SESAME WORKSHOP	C CORP	0.	0.	100.0000	x
(6) SESAME SERVICES FP, INC. 84-4859500								
1900 BROADWAY NEW YORK, NY 10023	VIDEO PROD.	DE	SESAME WORKSHOP	C CORP	0.	0.	100.0000	x
(7) SESAME STREET JAPAN GK								
21ST FL SHIROYAMA TRUST TOWER 4-3-1 TORANOMON MINATO-KU,	EDUCA. MEDIA	JA	SESAME WORKSHOP	C CORP	0.	0.	100.0000	x

Schedule R (Form 990) 2019

JSA

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Schedule R (Form 990) 2019

Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 34, 35b, or 36.				
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 C	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ed in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•		[	1a	Х	
	Sift, grant, or capital contribution to related organization(s)				1b	Х	
	Sift, grant, or capital contribution from related organization(s)				1c		X
	oans or loan guarantees to or for related organization(s)				1d		Х
e L	oans or loan guarantees by related organization(s)				1e	Х	
f D	Dividends from related organization(s)				1f		X
g S	ale of assets to related organization(s)				1g		X
h F	Purchase of assets from related organization(s)				1h		X
iΕ	Exchange of assets with related organization(s).				1i		X
j L	ease of facilities, equipment, or other assets to related organization(s).				1j		X
κL	ease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	<b></b>
m F	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	<b></b>
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	<b></b>
<b>o</b> S	haring of paid employees with related organization(s)				10	Χ	<u> </u>
	Reimbursement paid to related organization(s) for expenses.				1р		X
qF	eimbursement paid by related organization(s) for expenses			· · · · ·	1q	Х	
r C	Other transfer of cash or property to related organization(s)				1r		X
<u>s</u> (	Other transfer of cash or property from related organization(s).	<u> </u>			1s		Х
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete t		•			5.	
	(a) Name of related organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	Method of			١g
		type (a-s)		amoun	nt invo	lved	
(1)	SESAME STREET BRAND MANAGEMENT	М	278,708.	COST			
<u></u>			2,0,,00.				
(2) J	JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA	L, O, Q	1,388,388.	COST			
(=)							
(3)	SESAME WORKSHOP INDIA INITIATIVES, PLC	М	657,104.	COST			
(4)	SESAME WORKSHOP INTERNATIONAL, INC.	В	1,046,677.	CASH			
(5)	SESAME STREET BRAND MANAGEMENT	A	305,367.	CASH			
(6)	SESAME STREET SEASON 51 PRODUCTIONS, INC	Е	1,614,176.	COST			
<u> </u>	SECARE SINGET SEASON ST FRODUCTIONS, INC	<u>ш</u>		hedule R (Fe	orm 9	990)	2019
JSA						/	

0172772-00008

Page 3

Schedule R (Form 990) 2019

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	rt IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	1	
	Gift, grant, or capital contribution to related organization(s)					
	Gift, grant, or capital contribution from related organization(s)				:	
	oans or loan guarantees to or for related organization(s)					
е	oans or loan guarantees by related organization(s)			1e	•	
	• • • • • • • • • • • • • • • • • • • •					
f	Dividends from related organization(s)			1f		
g	Sale of assets to related organization(s)			1g		
	Purchase of assets from related organization(s)					
i	Exchange of assets with related organization(s).			1i		
	Lease of facilities, equipment, or other assets to related organization(s)					
,						
k	ease of facilities, equipment, or other assets from related organization(s)			1k	:	
	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · -		
	Performance of services or membership or fundraising solicitations by related organization(s)					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					-
	Sharing of paid employees with related organization(s)					
0						
p	Reimbursement paid to related organization(s) for expenses			1p		
	Reimbursement paid to related organization(s) for expenses					
ч						
r	Dther transfer of cash or property to related organization(s)			1r		
S	Other transfer of cash or property from related organization(s)					
	f the answer to any of the above is "Yes," see the instructions for information on who must complete t					
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of de		0
		type (a-s)		amount in	volved	
(1)	SESAME STREET SEASON 51 PRODUCTIONS, INC	М	10,892,026.	COST		
(2)	SESAME STREET SEASON 51 PRODUCTIONS, INC	A	42,061.	COST		
(3)						
<u> </u>						
(4)						
(5)						
(-)						
(6)						
		1	Sc	hedule R (Forn	n 990	) 2019
JSA				-		

Page 4

Schedule R (Form 990) 2019

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes				Yes	No		Yes	No	<u> </u>
1)	_												
2)	_												
3)	_												
4)	_												
5)	_												
6)	_												
7)	_												
8)	_												
9)	_												
0)	_												
1)	_												
2)	_												
3)	_												
4)	_												
5)	_											$\vdash$	
6)												<u> </u>	

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Page 5

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.