

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning** 07/01, 2017, and ending 06/30, 2018

<b>B</b> Check if applicable:	<input type="checkbox"/> Address change	C Name of organization SESAME WORKSHOP			D Employer identification number 13-2655731	
	<input type="checkbox"/> Name change	Doing Business As			E Telephone number (212) 595-3456	
	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 BROADWAY			G Gross receipts \$ 175,708,329.	
	<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return	F Name and address of principal officer: JEFFREY DUNN 1900 BROADWAY NEW YORK, NY 10023			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)		
J Website: ▶ WWW.SESAMEWORKSHOP.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
L Year of formation: 1970 M State of legal domicile: NY						

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP KIDS GROW SMARTER, STRONGER AND KINDER.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . . 18.
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 16.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . . 1,227.
	6	Total number of volunteers (estimate if necessary) . . . . . 0.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 45,433.
7b	b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 119,564.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) . . . . . 26,052,680.	
	9 Program service revenue (Part VIII, line 2g) . . . . . 46,149,315.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 2,806,829.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 37,015,410.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 112,024,234.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 619,408.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 56,498,089.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 147,147.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,737,035.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 52,475,888.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . 109,740,532.	
19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 2,283,702.		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) . . . . . 311,354,406.	
	21 Total liabilities (Part X, line 26) . . . . . 71,020,344.	
	22 Net assets or fund balances. Subtract line 21 from line 20. . . . . 240,334,062.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	5.14.19			
	Type or print name and title Daryl Mink EVP CFO	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 5/9/2019	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013			Phone no. 212-599-0100	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990** (2017)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

SESAME WORKSHOP'S MISSION IS TO HELP KIDS GROW SMARTER, STRONGER AND KINDER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 65,227,793. including grants of \$ 0. ) (Revenue \$ 53,720,897. )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 8,344,546. including grants of \$ 72,448. ) (Revenue \$ 0. )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 23,649,622. including grants of \$ 5,354,209. ) (Revenue \$ 180,751. )

ATTACHMENT 3

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 97,221,961.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DARYL MINTZ, EVP & CFO 1900 BROADWAY NEW YORK, NY 10023 (212)595-3456

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VINCENT A. MAI CHAIRMAN (THRU 10/17)	1.00 0.	X					0.	0.	0.	
(2) JANE HARTLEY CHAIRMAN (FROM 10/17)	1.00 0.	X					0.	0.	0.	
(3) JOAN GANZ COONEY CHAIRMAN OF EXECUTIVE COM.	1.00 0.	X					0.	0.	0.	
(4) LLOYD N. MORRISSETT CHAIRMAN EMERITUS OF THE BOARD	1.00 0.	X					0.	0.	0.	
(5) JEFFREY N. WATANABE, ESQ. CHAIRMAN EMERITUS OF THE BOARD	1.00 0.	X					0.	0.	0.	
(6) RACHEL HINES TRUSTEE	.50 0.	X					0.	0.	0.	
(7) ADAM FRANKEL TRUSTEE	.50 0.	X					0.	0.	0.	
(8) FRANS HIJKOOP TRUSTEE	.50 0.	X					0.	0.	0.	
(9) MILTON CHEN TRUSTEE	.50 0.	X					0.	0.	0.	
(10) MARLENE HESS TRUSTEE	.50 0.	X					0.	0.	0.	
(11) ELLEN WARTELLA, PH.D TRUSTEE (THRU 10/2017)	1.00 0.	X					0.	0.	0.	
(12) MICHAEL MANASSE TRUSTEE	.50 0.	X					0.	0.	0.	
(13) DR. AMY BETH JORDAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) JEFFREY WEISS TRUSTEE	.50 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) PAUL LINDLEY TRUSTEE	.50 0.	X						0.	0.	0.
( 16) ANN RUBINSTEIN TISCH TRUSTEE	.50 0.	X						0.	0.	0.
( 17) JEFFREY DUNN PRESIDENT/CEO	60.00 2.00	X		X				665,590.	0.	35,814.
( 18) JENNA MACK TRUSTEE (FROM 10/17)	.50 0.	X						0.	0.	0.
( 19) VARUN CHANDRA TRUSTEE (FROM 10/17)	.50 0.	X						0.	0.	0.
( 20) LEE EASTMAN TRUSTEE (FROM 10/17)	.50 0.	X						0.	0.	0.
( 21) DARYL MINTZ EVP, CFO	60.00 2.00			X				403,801.	0.	65,010.
( 22) JOSEPH SALVO EVP GENERAL COUNSEL	60.00 2.00			X				398,033.	0.	69,046.
( 23) JEAN BROWN JOHNSON EVP & CREATIVE DIRECTOR	60.00 0.				X			476,327.	0.	33,658.
( 24) STEVE YOUNGWOOD PRESIDENT, MEDIA & EDU. & COO	60.00 0.				X			552,745.	0.	33,984.
( 25) SHERRIE WESTIN PRESIDENT GLOBAL IMPACT&PHILAN	60.00 0.				X			480,636.	0.	31,098.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,824,913.	0.	487,218.
<b>d Total (add lines 1b and 1c)</b>								4,824,913.	0.	487,218.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 146

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

**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 **▶** 67



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) GORDON SCOTT CHAMBERS SVP/GM, EDU. MEDIA & LICENSING	60.00 0.					X		365,946.	0.	50,025.
( 27 ) DIANA LEE EVP HUMAN RESOURCES	60.00 0.					X		347,633.	0.	53,510.
( 28 ) MATT J. VOGEL PUPPETEER	60.00 0.					X		412,458.	0.	6,280.
( 29 ) SHEILA M. KELLY CHIEF DEVELOPMENT OFFICER	60.00 0.					X		365,755.	0.	55,193.
( 30 ) TANYA Z. HAIDER EVP STRATEGY RESEARCH&VENTURES	60.00 0.					X		355,989.	0.	53,600.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 146

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,079,514.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	3,003,897.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	39,874,680.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			44,958,091.				
<b>Program Service Revenue</b>	<b>2a</b> EDUCATIONAL CONTENT DISTRIBUTION	<b>Business Code</b>	900099	52,299,529.	52,299,529.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			52,299,529.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			217,049.		-628.	217,677.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			34,503,740.		46,061.	34,457,679.	
		(i) Real	(ii) Personal					
	<b>6a</b> Gross rents . . . . .							
	<b>b</b> Less: rental expenses . . . . .							
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . . ▶				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		41,979,301.						
	<b>b</b> Less: cost or other basis and sales expenses . . . . .				38,879,467.			
	<b>c</b> Gain or (loss) . . . . .				3,099,834.			
	<b>d</b> Net gain or (loss) . . . . . ▶				3,099,834.		3,099,834.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>2,079,514.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>				148,500.			
	<b>b</b> Less: direct expenses . . . . . <b>b</b>				577,274.			
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				-428,774.			-428,774.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
<b>b</b> Less: direct expenses . . . . . <b>b</b>								
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>				1,602,119.				
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>				478,373.				
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶				1,123,746.	1,123,746.			
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				0.				
<b>12 Total revenue.</b> See instructions. . . . . ▶				135,773,215.	53,423,275.	45,433.	37,346,416.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,911,748.	4,911,748.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	514,909.	514,909.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,312,847.	2,835,761.	315,511.	161,575.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	48,775,679.	36,608,021.	10,096,882.	2,070,776.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,601,191.	1,775,022.	627,150.	199,019.
9 Other employee benefits . . . . .	3,999,549.	2,604,572.	1,324,280.	70,697.
10 Payroll taxes . . . . .	3,233,842.	2,263,702.	763,717.	206,423.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	1,013,098.	844,844.	146,998.	21,256.
c Accounting . . . . .	666,903.	121,988.	542,517.	2,398.
d Lobbying . . . . .	49,741.		49,741.	
e Professional fundraising services. See Part IV, line 17.	70,000.			70,000.
f Investment management fees . . . . .	1,239,849.		1,239,849.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,156,366.	2,300,835.	692,784.	162,747.
12 Advertising and promotion . . . . .	891,472.	744,081.	9,603.	137,788.
13 Office expenses . . . . .	1,918,341.	1,464,242.	438,043.	16,056.
14 Information technology . . . . .	2,254,827.	1,265,197.	927,914.	61,716.
15 Royalties . . . . .	271,725.	271,725.		
16 Occupancy . . . . .	6,492,143.	4,489,330.	1,756,873.	245,940.
17 Travel . . . . .	2,864,607.	2,481,483.	244,472.	138,652.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	731,128.	455,153.	274,515.	1,460.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	5,513,564.	4,471,732.	918,593.	123,239.
23 Insurance . . . . .	338,869.	311,227.	9,225.	18,417.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PRODUCTION EXPENSES	26,370,430.	26,370,430.		
b DISTRIBUTION EXPENSE	357,360.	357,360.		
c BAD DEBT RECOVERY/EXPENSE	-212,525.	-241,401.		28,876.
d MISCELLANEOUS EXPENSE	244,368.		244,368.	
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	121,582,031.	97,221,961.	20,623,035.	3,737,035.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	19,379,332.	<b>2</b>	19,923,151.
	<b>3</b> Pledges and grants receivable, net . . . . .	9,032,189.	<b>3</b>	13,304,478.
	<b>4</b> Accounts receivable, net . . . . .	24,032,911.	<b>4</b>	22,688,951.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	613,036.	<b>8</b>	340,610.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,538,411.	<b>9</b>	21,049,372.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 34,020,917.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 14,552,046.	21,138,426.	<b>10c</b> 19,468,871.
	<b>11</b> Investments - publicly traded securities . . . . .	34,292,186.	<b>11</b>	48,311,973.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	140,641,319.	<b>12</b>	154,180,385.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	36,490,596.	<b>14</b>	34,463,344.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	6,196,000.	<b>15</b>	7,139,773.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	311,354,406.	<b>16</b>	340,870,908.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	31,141,695.	<b>17</b>	33,143,389.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	24,532,078.	<b>19</b>	26,837,952.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	15,346,571.	<b>25</b>	14,596,243.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	71,020,344.	<b>26</b>	74,577,584.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	225,620,967.	<b>27</b>	241,841,192.
	<b>28</b> Temporarily restricted net assets . . . . .	14,713,095.	<b>28</b>	24,452,132.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	240,334,062.	<b>33</b>	266,293,324.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	311,354,406.	<b>34</b>	340,870,908.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	135,773,215.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	121,582,031.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,191,184.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	240,334,062.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,768,078.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	266,293,324.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
SESAME WORKSHOP

Employer identification number  
13-2655731

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (38.98%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (33.92%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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.		
<b>2</b>	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.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	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</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**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 Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
SPECIAL EVENTS ACTIVITIES	147,900.	120,300.	123,325.	139,200.	148,500.	679,225.
<b>TOTALS</b>	<u>147,900.</u>	<u>120,300.</u>	<u>123,325.</u>	<u>139,200.</u>	<u>148,500.</u>	<u>679,225.</u>

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
 SESAME WORKSHOP

Employer identification number  
 13-2655731

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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).

Name of organization **SESAME WORKSHOP**

Employer identification number  
13-2655731

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,976,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 955,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,216,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,297,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> SESAME WORKSHOP	<b>Employer identification number</b> 13-2655731
---	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 1,106,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 9,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 4,900,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 5,571,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **SESAME WORKSHOP**

Employer identification number

13-2655731

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **SESAME WORKSHOP**

Employer identification number  
13-2655731

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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, 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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		65,714.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		65,714.													
<b>d</b> Other exempt purpose expenditures . . . . .		121,516,317.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		121,582,031.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> 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.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 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; c 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## SCHEDULE C

SESAME WORKSHOP HAS NOT HISTORICALLY ENGAGED IN LOBBYING ACTIVITIES; HOWEVER, IN FISCAL 2018, SESAME WORKSHOP INCURRED EXPENDITURES TO LOBBY AGAINST CERTAIN PROVISIONS WITHIN THE TAX CUTS AND JOBS ACT OF 2017 ("TAX REFORM"). THE AMOUNTS REPORTED REPRESENT FEES PAID TO AN INDEPENDENT CONSULTING FIRM, \$49,741 AS REPORTED ON FORM 990, PART IX, LINE 11(G) AND \$15,973 IN SALARY AND TRAVEL COSTS FOR EFFORTS UNDERTAKEN BY SESAME EMPLOYEES IN WASHINGTON D.C. AS THE FINAL TAX REFORM BILL WAS IN THE PROCESS OF BEING PASSED.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



**Part VII Investments - Other Securities.**

Complete if the organization answered "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	45,167,000.	FMV
(B) PRIVATE EQUITY FUNDS	6,829,088.	FMV
(C) VENTURE CAPITAL FUNDS	5,668,297.	FMV
(D) INVESTMENTS IN POOLED FUNDS	96,516,000.	FMV
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	154,180,385.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT PAYABLE	14,596,243.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,596,243.

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

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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

Series of horizontal lines provided for entering supplemental information.

**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 States**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**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.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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
<b>(1)</b> EAST ASIA AND THE PACIFIC	0.	5.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	4,071,861.
<b>(2)</b> EUROPE	0.	1.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	457,010.
<b>(3)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	3,486,473.
<b>(4)</b> NORTH AMERICA	0.	4.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	31,249,835.
<b>(5)</b> RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	911.
<b>(6)</b> SOUTH AMERICA	0.	6.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	864,720.
<b>(7)</b> SOUTH ASIA	1.	13.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	5,613,901.
<b>(8)</b> CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	DIST. OF EDUC. MEDIA	212,785.
<b>(9)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		50,833,507.
<b>(10)</b> EUROPE	0.	0.	INVESTMENTS		500,000.
<b>(11)</b> SOUTH ASIA	0.	0.	GRANTMAKING		514,909.
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	1.	30.			97,805,912.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	1.	30.			97,805,912.

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

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	TO PRODUCE	514,909.	EFT/WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1.**

3 Enter total number of other organizations or entities .....

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) 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)							

**Part IV 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)* . . . . .  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  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)* . . . . .  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? *If "Yes," 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)* . . . . .  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)* . . . . .  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  No

**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 IV

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 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.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization  
SESAME WORKSHOP

Employer identification number  
13-2655731

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 EVENT MANAGEMENT	GALA		X		70,000.	-70,000.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					70,000.	-70,000.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SW ANNUAL GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	2,228,014.		2,228,014.
	2	Less: Contributions . . . . .	2,079,514.		2,079,514.
	3	Gross income (line 1 minus line 2) . . . . .	148,500.		148,500.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	105,687.		105,687.
	7	Food and beverages . . . . .	121,513.		121,513.
	8	Entertainment . . . . .	185,380.		185,380.
	9	Other direct expenses . . . . .	164,694.		164,694.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-428,774.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 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:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I

SESAME WORKSHOP HOLDS AN ANNUAL GALA TO CELEBRATE ITS NON-PROFIT WORK  
 WORLDWIDE AND HONOR GUESTS WHO SUPPORT THE WORKSHOP'S MISSION OF HELPING  
 KIDS GROW SMARTER, STRONGER AND KINDER. SESAME 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, RESOURCE AND EVENT MANAGEMENT HAS BEEN

- 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:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

REPORTED IN SCHEDULE G EVEN THOUGH THEY DID NOT ACTUALLY PERFORM ANY  
 FUNDRAISING ACTIVITIES.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or 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) SMITHSONIAN MEDIA GROUP-AMERICAN INGENUITY 420 LEXINGTON AVE, #2335 NEW YORK, NY 10170	52-0206027	501(C)(3)	10,000.				GENERAL SUPPORT
(2) US FUND FOR UNICEF - THE UNICEF SNOWFLAKE B 125 MAIDEN LANE 11TH FL NEW YORK, NY 10038	13-1760110	501(C)(3)	10,000.				GENERAL SUPPORT
(3) ASIA SOCIETY - ASIA GAME CHANGER AWARDS 725 PARK AVENUE NEW YORK, NY 10021	13-3234632	501(C)(3)	10,000.				GENERAL SUPPORT
(4) NEW YORK WOMEN IN COMMUNICATION FOUNDATION 355 LEXINGTON AVENUE NEW YORK, NY 10017	13-4111956	501(C)(3)	6,000.				GENERAL SUPPORT
(5) CENTER FOR US GLOBAL LEADERSHIP 1129 20TH STREET WASHINGTON, DC 20036	74-3093659	501(C)(3)	36,000.				GENERAL SUPPORT
(6) NEW YORK CARES - 2018 SPONSORSHIP 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006	13-3444193	501(C)(3)	10,000.				GENERAL SUPPORT
(7) INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	4,625,000.				PROGRAM SUPPORT
(8) NEW YORK UNIVERSITY 246 GREENE ST., RM 617E NEW YORK, NY 10003	13-5562308	501(C)(3)	165,000.				PROGRAM SUPPORT
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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.

SCHEDULE I, PART II

SESAME WORKSHOP DOES NOT TYPICALLY MAKE GRANTS TO OTHER TAX-EXEMPT ORGANIZATIONS; HOWEVER, SESAME WORKSHOP WILL SUPPORT THESE 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 EVP OF SOCIAL IMPACT & PHILANTHROPY SELECTS THOSE ORGANIZATIONS WHOSE MISSION IS EITHER SUPPORTED OR ALIGNED WITH THE WORKSHOP'S MISSION. THE CONTRIBUTION IS APPROVED BY THE PRESIDENT/CEO OF SESAME WORKSHOP. THESE AMOUNTS ARE

**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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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.

GENERALLY IMMATERIAL AND DO NOT REQUIRE ADDITIONAL MONITORING.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SESAME WORKSHOP

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

13-2655731

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY DUNN PRESIDENT/CEO	(i)	547,863.	115,500.	2,227.	6,480.	29,334.	701,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DARYL MINTZ EVP, CFO	(i)	318,438.	85,050.	313.	27,000.	38,010.	468,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOSEPH SALVO EVP GENERAL COUNSEL	(i)	315,402.	81,250.	1,381.	27,000.	42,046.	467,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JEAN BROWN JOHNSON EVP & CREATIVE DIRECTOR	(i)	375,020.	98,175.	3,132.	27,000.	6,658.	509,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STEVE YOUNGWOOD PRESIDENT, MEDIA & EDU. & COO	(i)	436,800.	115,500.	445.	27,000.	6,984.	586,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SHERRIE WESTIN PRESIDENT GLOBAL IMPACT&PHILAN	(i)	375,890.	103,675.	1,071.	26,704.	4,394.	511,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GORDON SCOTT CHAMBERS SVP/GM, EDU. MEDIA & LICENSING	(i)	288,387.	77,132.	427.	19,540.	30,485.	415,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DIANA LEE EVP HUMAN RESOURCES	(i)	275,713.	70,750.	1,170.	14,150.	39,360.	401,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MATT J. VOGEL PUPPETEER	(i)	387,458.	25,000.	0.	6,280.	0.	418,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 SHEILA M. KELLY CHIEF DEVELOPMENT OFFICER	(i)	287,157.	78,409.	189.	18,576.	36,617.	420,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 TANYA Z. HAIDER EVP STRATEGY RESEARCH&VENTURES	(i)	281,427.	74,288.	274.	15,329.	38,271.	409,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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.

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.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
SESAME WORKSHOP

Employer identification number  
13-2655731

**Part I 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 disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					

**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	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY WEISS	BOARD MEMBER	969,000.	SEE SCH L NARRATIVE		X
(2) SHERRIE WESTIN	KEY EMPLOYEE	146,340.	SEE SCH L NARRATIVE		X
(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 2018, SESAME WORKSHOP RECEIVED \$969,000 IN LICENSING FEES FROM THIS ORGANIZATION. THE WEISS FAMILY DIVESTED ITSELF OF THEIR MAJORITY CONTROLLING INTEREST IN FEBRUARY OF 2018.

A FAMILY MEMBER OF KEY EMPLOYEE, SHERRIE WESTIN, OWNS AN ORGANIZATION THAT PROVIDED MARKET RESEARCH SERVICES TO SESAME WORKSHOP. DURING FISCAL YEAR 2018, SESAME WORKSHOP PAID THAT ORGANIZATION \$146,340.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

FORM 990, PART V, LINE 2(A)

THE NUMBER OF EMPLOYEES REPORTED IN CALENDAR YEAR 2017 TOTALING 1,227 REFLECTS AN INCREASE OF 357 VERSUS 2016. THIS INCREASE REFLECTS (1) AN INCREASE IN SHORT TERM PRODUCTION AND PROJECT STAFF RESULTING FROM AN INCREASE OF PROGRAMMATIC ACTIVITY AND (2) THE INCLUSION OF PAYMENTS TO PRODUCTION TALENT FOR REUSE AND RE-AIRING OF PREVIOUSLY PRODUCED CONTENT WHICH HAD NOT BEEN INCLUDED IN PRIOR YEARS.

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, VICE PRESIDENTS AND ABOVE ARE REQUIRED TO

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

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 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

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

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.

PART VI, SECTION C, LINE 19

SESAME WORKSHOP'S FORM 990 IS AVAILABLE ON ITS WEBSITE ([HTTP://WWW.SESAMEWORKSHOP.ORG](http://www.sesameworkshop.org)) AS IS SESAME WORKSHOP'S AUDITED FINANCIAL STATEMENTS. THE FORM 990 IS AVAILABLE AT [GUIDESTAR.COM](http://www.guidestar.com). SESAME WORKSHOP'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST.

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, RADIO, PRINT,

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 1 (CONT'D)

ONLINE, MOBILE, DIGITAL 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 AND CABLE TV AND ITS PRESENCE ON VARIOUS DIGITAL PLATFORMS, "SESAME STREET" REACHES 12.1 MILLION KIDS' AGES 0-8 IN THE U.S. ON A QUARTERLY BASIS. ITS CONTINUED POPULARITY PLACES IT AMONG THE TOP 3 KIDS' PROGRAMS ON PBS. SESAME WORKSHOP'S FREE YOUTUBE CHANNEL RECEIVED OVER 1.1 BILLION VIEWS IN FISCAL YEAR 2018 ALONE. RESEARCH HAS SHOWN THAT CHILDREN WHO WATCH "SESAME STREET" CONSISTENTLY PERFORM BETTER ACADEMICALLY AT EVERY GRADE LEVEL THROUGH HIGH SCHOOL AND HAVE MORE DEVELOPED SOCIAL SKILLS.

IN FISCAL YEAR 2018, SESAME WORKSHOP PARTNERED WITH EDUCATIONAL PUBLISHER MCGRAW-HILL EDUCATION TO BRING RESEARCH-BASED SESAME CONTENT AND EXPERTISE INTO PRE-KINDERGARTEN AND ELEMENTARY SCHOOL CLASSROOMS ACROSS THE UNITED STATES. THE WORKSHOP'S FIRST



Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 1 (CONT'D)

INTEGRATED PROGRAM INCORPORATES CRITICAL SOCIAL EMOTIONAL LEARNING SKILLS SUCH AS EMPATHY, SELF-AWARENESS AND RESILIENCE INTO MCGRAW-HILL'S INDUSTRY-LEADING WONDERS LITERACY PROGRAMS FOR PREK AND ELEMENTARY STUDENTS, EQUIPPING THE YOUNGEST LEARNERS FOR SUCCESS FROM THE START. IN THE CO-BRANDED PREK-GRADE 1 PROGRAMS, STUDENTS, EDUCATORS AND FAMILIES WILL EXPERIENCE SESAME THEMED CONTENT INCORPORATED HOLISTICALLY IN A VARIETY OF WAYS, INCLUDING EASY-TO-USE TEACHER'S RESOURCES, WEEKLY PARENT NEWSLETTERS, AND CIRCLE-TIME VIDEOS AND LESSONS STARRING COOKIE MONSTER, BIG BIRD, ELMO, AND FRIENDS. SOCIAL EMOTIONAL LEARNING WILL CONTINUE THROUGH GRADES 2-5 IN DEVELOPMENTALLY-APPROPRIATE WAYS. THE CURRICULUM WAS AVAILABLE FOR REVIEW AND ADOPTION NATIONWIDE.

"SESAME STREET" IS SEEN IN OVER 160 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, THE GULF COOPERATION COUNTRIES (GCC), SOUTH AFRICA, INDIA, BANGLADESH, AND AFGHANISTAN. THE PROGRAM REACHES 150 MILLION KIDS ON A WORLDWIDE BASIS.

---



---

ATTACHMENT 2

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

U.S. SOCIAL IMPACT.

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 2 (CONT'D)

---



---

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.

SESAME STREET AND AUTISM: SEE AMAZING IN ALL CHILDREN CONTINUES TO PROVIDE RESOURCES TO FAMILIES, TEACHERS, AND CAREGIVERS AROUND THE COUNTRY TO PROVIDE A GREATER UNDERSTANDING ABOUT AUTISM AND TOOLS TO HELP FAMILIES TOUCHED BY AUTISM. WE CONTINUED TO EXPAND THE BI-LINGUAL RESOURCES AVAILABLE TO OUR CONSTITUENTS IN FISCAL YEAR 2018, INCLUDING NEW VIDEOS, NEW DIGITAL ROUTINE CARDS AND A NEW STORYBOOK FEATURING JULIA, OUR AUTISTIC MUPPET, AND HER FAMILY. THE VIDEOS AND ROUTINE CARDS ARE DISTRIBUTED ACROSS MULTIPLE PLATFORMS FREE OF CHARGE, INCLUDING YOUTUBE AND THE SESAMESTREET.ORG/AUTISM WEBSITE. ONE HUNDRED THOUSAND COPIES OF THE STORY BOOK WERE PRINTED AND MADE AVAILABLE FOR FREE TO OUR NETWORK OF OUR COMMUNITY PARTNERS. IT WAS ALSO AVAILABLE FOR FREE AS AN E-BOOK ON MAJOR E-BOOK PLATFORMS. IN ADDITION, A SESAME STREET EPISODE FEATURING JULIA BROADCAST ON PBS AND HBO IN APRIL 2018.

IN THE FISCAL YEAR 2018, THE SESAME STREET IN COMMUNITIES (SSIC) PROGRAM EXPANDED ITS CONTENT TOPICS AS WELL AS THE AUDIENCES IT SERVES. NEW TRAUMATIC EXPERIENCES RESOURCES LAUNCHED IN OCTOBER 2017. BILINGUAL RESOURCES INCLUDE: BIG BIRD'S COMFY-COZY NEST

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

ATTACHMENT 2 (CONT'D)

STORYBOOK (DIGITAL AND 65,000 PRINTED, WITH 3,300 DISTRIBUTED TO 22 PARTNER LOCATIONS IN FISCAL YEAR 2018), TEN NEW DIGITAL VIDEOS TO TEACH COPING AND CALMING TECHNIQUES TO KIDS, AN ANIMATED VIDEO HIGHLIGHTING TRAUMA FROM A CHILD'S PERSPECTIVE AND PRINTABLES WHICH, INCLUDE ADULT-CHILD COLORING PAGES, RESOURCE SHEETS, AND INFORMATIVE ARTICLES FOR ADULTS.

THE "CARING FOR KIDS" TOPIC PAGE LAUNCHED ON SSIC IN OCTOBER 2017 AS WELL. RESOURCES IN THIS TOPIC AREA WERE CREATED SPECIFICALLY FOR FAMILY, FRIEND, AND NEIGHBOR (FFN) CARE PROVIDERS, WHO PROVIDE CARE TO APPROXIMATELY 43% OF CHILDREN UNDER FIVE, AND FOR WHICH THERE ARE VERY FEW AVAILABLE RESOURCES. "CARING FOR KIDS" BILINGUAL RESOURCES WERE CREATED BASED ON RESEARCH WITHIN THIS FFN GROUP AND INCLUDE DIGITAL EVERYDAY MOMENTS CARDS, "PLAY ALL DAY" A DIGITAL STORYBOOK, PDF FORMS TO ENHANCE COMMUNICATION BETWEEN PARENTS AND FFNS, ARTICLES AND VIDEOS FOR FFN PROVIDERS AND PRINTED KITS.

SESAME WORKSHOP HELD ADVISORY MEETINGS IN MARCH 2018 ON HOMELESSNESS, FOSTER CARE, AND SUBSTANCE ABUSE TO INFORM THE NEXT ROUND OF SSIC CONTENT FOR CHILDREN DEALING WITH TRAUMATIC EXPERIENCES. THE FIRST PHASE OF RESEARCH TO EXPLORE THE IMPACT OF THE EARLY IMPLEMENTATION OF SSIC IN PILOT COMMUNITIES WAS COMPLETED. AN ADDITIONAL STUDY WAS CONDUCTED TO EXPLORE THE IMPACT OF SSIC ON PARENTS AND PRIMARY CAREGIVERS.

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 2 (CONT'D)

---



---

SESAME WORKSHOP ALSO EXPANDED ITS PROFESSIONAL DEVELOPMENT OPPORTUNITIES ON THE SSIC WEBSITE. THE "BUILDING A READER" COURSE LAUNCHED IN SEPTEMBER 2017. THE COURSE PROMOTES WAYS FOR EDUCATORS TO ENGAGE CHILDREN AGES 2-5 IN THEIR JOURNEY TO BECOME PROFICIENT READERS AND WRITERS. A NEW STORYBOOK, "BOOK BUDDIES" WAS ALSO CREATED TO DISTRIBUTE TO COURSE PARTICIPANTS NATIONWIDE. SESAME WORKSHOP CONTINUES TO OFFER THE "MAKE BELIEVE WITH MATH" COURSE TO EARLY CHILDHOOD PROVIDERS ON THE SSIC SITE. THREE FOCUS GROUPS WITH EDUCATORS WERE HELD IN FEBRUARY 2018, TO GATHER FEEDBACK ON THE COURSE FOR VARIOUS TYPES OF TEACHERS. THE WORKSHOP CONDUCTED AN IMPACT SURVEY FOLLOWING THE CLOSE OF THE COURSE IN JANUARY 2018. RESULTS FROM BOTH THE FOCUS GROUPS AND SURVEYS INDICATED OVERALL SATISFACTION WITH THE COURSE AND ITS CONTENT, BUT ALSO PROVIDED SUGGESTIONS FOR IMPROVEMENT IN FUTURE OFFERINGS AND ONLINE COURSES.

SESAME WORKSHOP CONTINUED ONGOING DISCUSSIONS AND EXPANSION WITH OUR NATIONAL, REGIONAL AND LOCAL PARTNERS TO EXPLORE WAYS TO INTEGRATE SESAME STREET RESOURCES INTO EXISTING PROGRAMS. KEY PARTNERSHIPS INCLUDED NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS, NATIONAL HEAD START ASSOCIATION, CHILD CARE AWARE, CHILD AND ADULT CARE FOOD PROGRAM. WE ALSO CONTINUED TO SUPPORT OUR PILOT SSIC COMMUNITIES, KANSAS CITY, MO, LOS ANGELES, AND GUILFORD COUNTY, NC, WHILE BEGINNING THE EXPANSION INTO NEW COMMUNITIES.

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

ATTACHMENT 2 (CONT'D)

SESAME WORKSHOP CONTINUED ITS PARTNERSHIP WITH THE PNC FOUNDATION TO CREATE MULTIMEDIA SCHOOL READINESS MATERIALS FOR PROVIDERS, CAREGIVERS, AND CHILDREN. AN ADVISORY MEETING WAS HELD IN SEPTEMBER 2017 WITH EXPERTS IN THE FIELDS OF NEUROSCIENCE, EARLY CHILDHOOD EDUCATION, CHILD DEVELOPMENT, EDUCATIONAL PSYCHOLOGY, AND MUSIC THERAPY TO DETERMINE THE GOALS FOR THE NEXT PHASE OF THE 14-YEAR PARTNERSHIP, GROWING TOGETHER, READY FOR SCHOOL AND BEYOND. NEWLY LAUNCHED BILINGUAL (ENGLISH/SPANISH) MATERIALS INCLUDE: A PRINTED TRIFOLD WITH STICKERS (250,000 PRINTED AND DISTRIBUTED) AND A DIGITAL GAME, "GROVER'S STORY CIRCLE", TO PROMOTE ORAL STORYTELLING.

SESAME WORKSHOP CONTINUED, FOR ITS 13TH YEAR, ITS' SESAME STREET FOR MILITARY FAMILIES (SS4MF) PROGRAM WHICH PROVIDES RESOURCES FOR MILITARY AND VETERAN FAMILIES. IN FISCAL YEAR 2018, WE UPDATED THE SS4MF HOMEPAGE, ADDED SEARCH FUNCTIONALITY TO THE SITE AND IMPLEMENTED A NEW FEEDBACK TOOL ON ALL PAGES. TWO NEW CONTENT SECTIONS (BIRTHDAYS AND FAMILY HEALTH AND WELLNESS) WERE LAUNCHED WITH NEW VIDEOS, INTERACTIVE ACTIVITIES, PRINTABLES AND PARENT ARTICLES. TWO ONLINE RESEARCH STUDIES ON PROTOTYPE MATERIALS FOR HEALTHCARE PROVIDERS SERVICING MILITARY FAMILIES AND A CAREGIVING NEEDS ASSESSMENT WERE ALSO COMPLETED. IN JANUARY, 2018 WE LAUNCHED A NEW PROVIDERS PAGE ON SS4MF.ORG. WE CONDUCTED A NEEDS ASSESSMENT STUDY ON COORDINATION OF CARE AND COMPLEX PEDIATRICS FOR MILITARY FAMILIES WHICH INCLUDED A BULLETIN BOARD SURVEY WITH HEALTH CARE PROFESSIONALS. THE WORKSHOP CONVENED AN ADVISORY IN FEBRUARY

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 2 (CONT'D)

---



---

FOLLOWED BY ONLINE FOCUS GROUPS WITH MILITARY CAREGIVERS IN APRIL TO ACCESS RECOMMENDATIONS TO MESSAGING FOR THE INITIATIVE.

---



---

ATTACHMENT 3

---



---

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

INTERNATIONAL SOCIAL IMPACT.

SESAME WORKSHOP PARTNERS WITH LOCAL EXPERTS, INCLUDING EDUCATORS, DONORS, MEDIA ORGANIZATIONS, GOVERNMENT MINISTRIES AND NGOS, TO DEVELOP, PRODUCE AND EVALUATE ADAPTATIONS OF "SESAME STREET" THAT ARE TAILORED TO MEET THE EDUCATIONAL NEEDS OF A PARTICULAR COUNTRY OR REGION. THE SCOPE OF OUR INTERNATIONAL SOCIAL IMPACT WORK RANGES FROM COUNTRY-SPECIFIC INITIATIVES -- SUCH AS IN INDIA, BANGLADESH, SOUTH AFRICA AND AFGHANISTAN -- TO MULTI-COUNTRY INITIATIVES AND REGIONAL PROJECTS. SESAME WORKSHOP ALSO PROVIDES TECHNICAL TRAINING TO LOCAL ORGANIZATIONS TO BUILD CAPACITY IN EDUCATIONAL PROGRAMMING AND THE USE OF MEDIA TO DELIVER EDUCATIONAL CONTENT. THESE PROJECTS MAY CONSIST OF MULTIPLE DISTRIBUTION PLATFORMS, DEPENDING ON THE NEEDS OF THE SPECIFIC TERRITORY, INCLUDING TELEVISION, RADIO, MOBILE, PRINT, DIGITAL, COMMUNITY VIEWING, AND OUTREACH ACTIVITIES.

THROUGHOUT FISCAL YEAR 2018, SESAME WORKSHOP CONTINUED ROBUST SOCIAL IMPACT WORK IN AND ACROSS MULTIPLE COUNTRIES AND REGIONS WITH AN EMPHASIS ON SOUTH ASIA, SUB-SAHARAN AFRICA AND THE MIDDLE

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

 ATTACHMENT 3 (CONT'D)
 

---



---

EAST. IN FISCAL YEAR 2018, SESAME WORKSHOP, IN PARTNERSHIP WITH THE INTERNATIONAL RESCUE COMMITTEE (IRC), SECURED THE MACARTHUR FOUNDATION 100&CHANGE AWARD FOR "AHLAN SIMSIM" (INITIALLY REFERRED TO AS "SESAME SEEDS"), THE LARGEST EARLY CHILDHOOD EDUCATION PROGRAM IN THE HISTORY OF HUMANITARIAN ASSISTANCE. FOCUSING ON POPULATIONS AFFECTED BY THE ONGOING REFUGEE CRISIS IN SYRIA AND WORKING IN SYRIA, LEBANON, JORDAN, AND IRAQ, SESAME WORKSHOP AND THE IRC LAUNCHED ACTIVITY ON THE FIVE-YEAR "AHLAN SIMSIM" INITIATIVE THIS YEAR. ADDITIONAL ACTIVITY IN THE SYRIAN RESPONSE REGION INCLUDED THE COMPLETION OF A PILOT HUMANITARIAN PROJECT IN JORDAN, INCLUDING COMMUNITY EVENTS IN THE AZRAQ REFUGEE CAMP AND THE DELIVERY OF THE INITIAL PHASE OF EDUCATIONAL CONTENT IN IRC CENTER-BASED PROGRAMS.

IN INDIA, SEASON 9 OF "GALLI GALLI SIM SIM" (52 HALF-HOUR EPS) WAS BROADCAST IN NINE LANGUAGES ON THE PUBLIC BROADCASTER, DOORDARSHAN, REACHING APPROXIMATELY 41 MILLION CHILDREN ON AN ANNUAL BASIS. IN INDIA, SESAME CREATED A NEW FORMAT CALLED "GROWING UP CHAMKI" ADDRESSING GENDER EQUITY. FISCAL YEAR 2018 ALSO SAW THE DEVELOPMENT AND PRODUCTION OF SEASON 10 OF "GALLI GALLI SIM SIM", WHICH BROADCAST IN FISCAL YEAR 2019.

IN AFGHANISTAN, SEASON 6 OF "BAGHCH-E-SIMSIM" LAUNCHED ON TELEVISION CHANNELS TOLO AND LEMAR IN THE DARI AND PASHTO LANGUAGES, RESPECTIVELY, AS WELL AS ON OVER 40 RADIO STATIONS. THE SERIES REACHED APPROXIMATELY 3.1 MILLION CHILDREN WITH 70% OF

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

 ATTACHMENT 3 (CONT'D)
 

---



---

PARENTS WATCHING ALONGSIDE. SEASON 6 FEATURED THE DEBUT OF ZEERAK, A NEW LOCAL MUPPET BOY CHARACTER WHO LOOKS UP TO HIS OLDER SISTER ZARI, AND IS A MODEL FOR EXPANDED GENDER EQUITY MESSAGING TO BOYS. RESEARCH CONDUCTED IN AFGHANISTAN ON THE SERIES IN FISCAL YEAR 2018 FOUND THAT CHILDREN HAD HIGH LEVELS OF RECOGNITION OF THE LOCAL CHARACTERS, WITH APPROXIMATELY 50% OF AFGHAN CHILDREN SURVEYED RECOGNIZING ZARI AND NEWLY INTRODUCED CHARACTER ZEERAK. ADDITIONALLY, CHILDREN WHO WATCHED THE SHOW AT LEAST ONCE A WEEK HAD MORE POSITIVE VIEWS OF GIRLS' EDUCATION AND GENDER EQUITY IN AN INDEPENDENT STUDY.

IN BANGLADESH, SESAME WORKSHOP AND THE DHAKA-BASED LOCAL BRANCH OFFICE, SESAME WORKSHOP BANGLADESH, EMBARKED ON THE FIRST OF A FOUR-YEAR INITIATIVE TO PRODUCE FOUR ORIGINAL SEASONS OF "SISIMPUR" (SEASON 11 - 14), AS WELL AS EDUCATIONAL OUTREACH AND DIGITAL LEARNING MATERIALS. THESE DELIVERABLES ALL COMPRISE A NEW FOUR-YEAR PROJECT CONTRACT THAT BEGAN IN FISCAL YEAR 2018. ALSO THIS YEAR, THE BROADCAST OF SEASON 10 OF "SISIMPUR" TV (52 REPACKAGED EPS) TOOK PLACE ON THE NATIONAL BROADCASTER, BTV, WITH A SECOND WINDOW ON THE RTV CHANNEL.

IN SOUTH AFRICA, SEASON 10 OF "TAKALANI SESAME" WAS BROADCAST ON SABC. THE SERIES REACHED APPROXIMATELY 4.2 MILLION CHILDREN, REPRESENTING FIFTY PERCENT OF THE SERIES' TARGET AUDIENCE IN THE COUNTRY. THE "PLAY WELL AND BE HAPPY" PROGRAM, A COMMUNITY ENGAGEMENT PROGRAM FOCUSING ON LEARNING THROUGH PLAY IN SOUTH



Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 3 (CONT'D)

---



---

AFRICA'S EASTERN CAPE PROVINCE, CONCLUDED WITH A REACH OF 30,000 CHILDREN AND THEIR TEACHERS.

SESAME WORKSHOP CONTINUED WITH MULTIPLE PROJECTS IN SUB-SAHARAN AFRICA WITH VARIOUS MASS MEDIA AND COMMUNITY ENGAGEMENT COMPONENTS. IN GHANA, SESAME DESIGNED AND DELIVERED A TEACHER TRAINING PROGRAM, "TECHNIQUES FOR EFFECTIVE TEACHING," REACHING EARLY CHILDHOOD EDUCATORS IN 45 OF GHANA'S LOW-RESOURCE KINDERGARTENS AND PRIMARY SCHOOLS WITH CHILD-FRIENDLY, INCLUSIVE EDUCATION.

IN ETHIOPIA, SESAME EMBARKED IN PARTNERSHIP WITH KANA TV ON "SESAME TERET TERET," A NEW PROJECT CONSISTING OF 26 TELEVISION EPISODES FOR BROADCAST IN THE AMHARIC LANGUAGE ADDRESSING THEMES OF RESPECT AND UNDERSTANDING.

IN TANZANIA, SESAME RELAUNCHED "KILIMANI SESAME," THE SWAHILI LANGUAGE VERSION OF SESAME STREET PRODUCED IN 2008, WHICH RERAN WEEKLY IN FISCAL YEAR 2018 IN PARTNERSHIP WITH UBONGO KIDS ON THE NATIONAL CHANNEL, TANZANIAN BROADCASTING CORPORATION (TBC), AND REACHED UP TO 800,000 VIEWERS EACH WEEK.

ACROSS 17 COUNTRIES THROUGHOUT EAST, WEST, AND SOUTHERN AFRICA, SEASONS OF THE US SESAME STREET SERIES CONTINUED BROADCAST IN ENGLISH ON THE ECONET GROUP'S KWESE PLATFORM. KWESE ALSO BROADCAST MULTIPLE SESAME PSAS ACROSS THE PLATFORM'S CHANNELS WITH A REACH

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

---



---

ATTACHMENT 3 (CONT'D)

---



---

OF 14.2 MILLION VIEWERS, WITH MESSAGING PROMOTING GENDER EQUITY, WASH, AND PLAYFUL LEARNING.

OTHER MUTLI-COUNTRY INITIATIVES IN FISCAL YEAR 2018 INCLUDED THE EXPANSION OF SESAME STREET "WASH UP!" TO MALI, NIGER, ZIMBABWE, AND MALAWI IN SUB-SAHARAN AFRICA; TO LEBANON, JORDAN AND THE KURDISH REGION OF IRAQ (KRI) IN THE SYRIAN RESPONSE REGION; TO AFGHANISTAN; AND TO HONDURAS - ALL WITH THE DEVELOPMENT OF NEW VIDEO CONTENT, OUTREACH MATERIALS, AND TRAININGS IN PARTNERSHIP WITH WORLD VISION. WASH MESSAGING AND AUDIENCES EXPANDED TO CHILDREN WITH DISABILITIES WITH A NEW COMPONENT MODELING INCLUSION, TO LAUNCH INITIALLY IN MALI AND NIGER. AS AN EXTENSION OF THE "WASH UP!" INITIATIVE, SESAME EMBARKED ON THE DEVELOPMENT AND PRODUCTION OF THE "GIRL TALK" PILOT PROJECT IN ZIMBABWE, FOCUSING ON MENSTRUAL HYGIENE MANAGEMENT MESSAGING FOR GIRLS AGES 10-12.

THE THREE-COUNTRY "PLAY EVERY DAY" INITIATIVE CONTINUED TO ROLL OUT IN INDIA, SOUTH AFRICA AND MEXICO. IN FISCAL YEAR 2018, THREE PHASES OF PLAY WORKSHOPS AND FORMATIVE RESEARCH WERE CARRIED OUT AND CONCLUDED IN EACH OF THE THREE COUNTRIES TO INFORM FUTURE INITIATIVES PROMOTING PLAYFUL LEARNING.

IN FISCAL YEAR 2018, THE "DREAM, SAVE, DO" (DSD) PROJECT, CONTINUED TO PROMOTE FINANCIAL EMPOWERMENT FOR YOUNG CHILDREN AND FAMILIES WITH THE LAUNCH OF LOCALIZED ACTIVITY IN THE PROJECT'S

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

ATTACHMENT 3 (CONT'D)

NINTH COUNTRY, BANGLADESH. THIS INCLUDED ON-AIR DSD CONTENT PACKAGED AS PART OF SISIMPUR EPISODES AND COMMUNITY ENGAGEMENT PROGRAMS CONDUCTED WITHIN BANGLADESH'S FORMAL EDUCATIONAL SYSTEM. ADDITIONALLY IN FISCAL YEAR 2018, PREVIOUSLY LAUNCHED DSD ACTIVITIES CONTINUED IN BRAZIL, MEXICO, JAPAN, CHINA, INDIA, AND CHILE WITH A CUMULATIVE REACH OF OVER 100 MILLION PEOPLE.

IN FISCAL YEAR 2018, SESAME WORKSHOP JOINED "HOPE WORKS," A GLOBAL COALITION TO PROMOTE MESSAGES OF KINDNESS, FOR WHICH SESAME PRODUCED AN ORIGINAL MUPPET SEGMENT IN INDIA TO AIR ON BROADCASTERS WORLDWIDE OVER THE NEXT FIVE-YEAR PERIOD.

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

UNITED KINGDOM

BANGLADESH

SOUTH AFRICA

ATTACHMENT 5FORM 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

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
---	--

ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NELVANA LIMITED 25 DOCKSIDE DRIVE TORONTO CANADA ONM5A-1B6	PRODUCTION SERVICES	1,733,980.
BAERHANDS THEATER AND TELEVISION, INC. P.O. BOX 102 RHINECLIFF, NY 12574	PRODUCTION SERVICES	1,820,545.
THE JIM HENSON COMPANY 1416 NORTH LA BREA AVENUE HOLLYWOOD, CA 90028	PRODUCTION SERVICES	1,172,207.
STRATEGIC INVESTMENT MANAGEMENT 1001 19TH STREET ARLINGTON, VA 22209-1722	INVESTMENT MGMT	1,351,176.
LAPIS LIMITED HOUSE NORTH QUAY PLYMOUTH DEVON UNITED KINGDOM PL4 0RA GB	PRODUCTION SERVICES	850,090.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

**Part I 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II 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 related organization	(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	(g) Section 512(b)(13) controlled entity?	
						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 13-2722079 1900 BROADWAY NEW YORK, NY 10023	TITLE HOLDING	DE	501(C)(2)	N/A	SESAME WORKS	X	
(3) THE JOAN GANZ COONEY CENTER 20-8783702 1900 BROADWAY NEW YORK, NY 10023	EDU. RESEARCH	DE	501(C)(3)	7	SESAME WORKS	X	
(4) GALLIGALLI SIMSIM EDUCATIONAL INITIATIVE C/O S. BANERJEE/E-1A KAILASH C NEW DELHI, IN 110048	EDU. MEDIA	IN	N/A	N/A	SESAME WORKS	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(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	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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CTW COMMUNICATIONS, INC 1900 BROADWAY NEW YORK, NY 10023 13-2422089	HOLDING	DE	SESAME WORKSHOP	C CORP.	0.	49,357.	100.0000	X	
(2) SESAME WORKSHOP INITIATIVES (INDIA) PLC 4A PAL MOHAN BHAWAN NEW DELHI, DELHI IN 110005	EDU. MEDIA	IN	SESAME WORKSHOP		2,722,299.	2,258,416.	99.0000	X	
(3) SS BRAND MANAGEMENT SHANGHAI ROOM 504-12, NO 1376 WEST NANJING R SHANGHAI, CH 200041	EDU. MEDIA	CH	SESAME WORKSHOP	1989814	1,989,814.	1,156,127.	100.0000	X	
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SS BRAND MANAGEMENT SHANGHAI	M	1,444,951.	COST
(2) JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA	L, O, Q	1,464,154.	COST
(3) SESAME WORKSHOP INDIA INITIATIVES, PLC	B	865,696.	COST
(4) SESAME WORKSHOP INDIA INITIATIVES, PLC	M	2,158,609.	COST
(5)			
(6)			

**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)	(e) Are all partners section 501(c)(3) 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	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



---

**Part VII** **Supplemental Information**

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

---