

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ 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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SESAME WORKSHOP</u>			D Employer identification number <u>13-2655731</u>
	Doing Business As			E Telephone number <u>(212) 595-3456</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <u>258,249,104.</u>
	<u>1900 BROADWAY</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10023</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>JEFFREY DUNN</u> <u>1900 BROADWAY, NEW YORK, NY 10023</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: ▶ <u>WWW.SESAMEWORKSHOP.ORG</u>			H(c) Group exemption number ▶	
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: <u>1970</u> M State of legal domicile: <u>NY</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO HELP KIDS GROW SMARTER, STRONGER AND KINDER.</u>	
	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)	3 19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 1,079.
	6 Total number of volunteers (estimate if necessary)	6 0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 164,988.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 44,958,091. Current Year 66,175,311.
	9 Program service revenue (Part VIII, line 2g)	52,299,529. 64,558,691.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,316,883. 2,871,119.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,198,712. 36,292,861.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,773,215. 169,897,982.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,923,108. 68,825,043.
16a Professional fundraising fees (Part IX, column (A), line 11e)		70,000. 70,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,969,775.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,162,266. 63,666,274.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	121,582,031. 146,740,000.	
19 Revenue less expenses. Subtract line 18 from line 12	14,191,184. 23,157,982.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 340,870,908. End of Year 393,803,386.
	21 Total liabilities (Part X, line 26)	74,577,584. 98,617,357.
	22 Net assets or fund balances. Subtract line 21 from line 20	266,293,324. 295,186,029.

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.

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>SCOTT THOMPSETT</u>	Preparer's signature <i>Scott Thompson</i>	Date <u>5/15/2020</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00741490</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>		Phone no. <u>212-599-0100</u>	
	Firm's address ▶ <u>757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013</u>				

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** (2018)

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

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

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SESAME WORKSHOP	13-2655731
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1900 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10023	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DARYL MINTZ, EVP & CFO

- The books are in the care of ▶ 1900 BROADWAY NEW YORK NY 10023

Telephone No. ▶ 212 595-3456 Fax No. ▶ 212 875-6116

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 07/01, 2018, and ending 06/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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 \$ 72,544,054. including grants of \$ 0.) (Revenue \$ 66,655,702.)

ATTACHMENT 1

4b (Code: _____) (Expenses \$ 11,178,592. including grants of \$ 56,579.) (Revenue \$ 0.)

ATTACHMENT 2

4c (Code: _____) (Expenses \$ 12,879,369. including grants of \$ 1,147,175.) (Revenue \$ 133,271.)

ATTACHMENT 3

4d Other program services (Describe in Schedule O.) ATTACHMENT 4
(Expenses \$ 24,208,212. including grants of \$ 12,974,929.) (Revenue \$ 0.)

4e Total program service expenses **▶** 120,810,227.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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. [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (19), 1b (17), 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 6
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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

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) JANE HARTLEY CHAIRMAN	1.00 0.	X					0.	0.	0.	
(2) JOAN GANZ COONEY CHAIRMAN OF EXECUTIVE COM.	1.00 0.	X					0.	0.	0.	
(3) LLOYD N. MORRISSETT CHAIRMAN EMERITUS OF THE BOARD	1.00 0.	X					0.	0.	0.	
(4) JEFFREY N. WATANABE, ESQ. CHAIRMAN EMERITUS OF THE BOARD	1.00 0.	X					0.	0.	0.	
(5) RACHEL HINES TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) ADAM FRANKEL TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) FRANS HIJKOOP TRUSTEE	.50 0.	X					0.	0.	0.	
(8) MILTON CHEN TRUSTEE	.50 0.	X					0.	0.	0.	
(9) MARLENE HESS TRUSTEE	.50 0.	X					0.	0.	0.	
(10) MICHAEL MANASSE TRUSTEE	.50 0.	X					0.	0.	0.	
(11) DR. AMY BETH JORDAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(12) JEFFREY WEISS TRUSTEE	.50 0.	X					0.	0.	0.	
(13) PAUL LINDLEY TRUSTEE	.50 0.	X					0.	0.	0.	
(14) ANN RUBINSTEIN TISCH TRUSTEE	1.00 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) JEFFREY DUNN PRESIDENT/CEO	60.00 2.00	X		X				766,837.	0.	46,653.
(16) JENNA MACK TRUSTEE	.50 0.	X						0.	0.	0.
(17) VARUN CHANDRA TRUSTEE	.50 0.	X						0.	0.	0.
(18) LEE EASTMAN TRUSTEE	.50 0.	X						0.	0.	0.
(19) GABRIELLE SULZBERGER TRUSTEE (AS OF 06/13/19)	.50 0.	X						0.	0.	0.
(20) DARYL MINTZ EVP, CFO	60.00 2.00			X				428,978.	0.	66,498.
(21) JOSEPH SALVO EVP GENERAL COUNSEL	60.00 2.00			X				455,365.	0.	70,587.
(22) JEAN BROWN JOHNSON EVP & CREATIVE DIRECTOR	60.00 0.				X			531,309.	0.	40,400.
(23) STEPHEN YOUNGWOOD PRESIDENT, MEDIA & EDU. & COO	60.00 0.				X			620,649.	0.	35,056.
(24) SHERRIE WESTIN PRESIDENT GLOBAL IMPACT&PHILAN	60.00 0.				X			549,439.	0.	33,092.
(25) GORDON SCOTT CHAMBERS SVP/GM, EDU. MEDIA & LICENSING	60.00 0.					X		388,680.	0.	57,625.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								5,368,605.	0.	550,007.
d Total (add lines 1b and 1c)								5,368,605.	0.	550,007.

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 **▶** 165

	Yes	No
3 Did the organization list any former 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
ATTACHMENT 7		

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 **▶** 49

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) DIANA LEE ----- EVP HUMAN RESOURCES	60.00 ----- 0.					X		392,371.	0.	66,463.
(27) SHEILA M. KELLY ----- CHIEF DEVELOPMENT OFFICER	60.00 ----- 0.					X		401,049.	0.	55,842.
(28) TANYA Z. HAIDER ----- EVP STRATEGY RESEARCH&VENTURES	60.00 ----- 0.					X		414,969.	0.	55,762.
(29) GEORGE E. WELLS ----- SVP SS CREATIVE & EP	60.00 ----- 0.					X		418,959.	0.	22,029.

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 165

	Yes	No
3 Did the organization list any former 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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	10,406,336.	10,406,336.		
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	3,772,347.	3,772,347.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,621,566.	3,141,134.	303,248.	177,184.
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	54,027,099.	40,919,310.	10,948,131.	2,159,658.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,048,467.	2,134,356.	660,477.	253,634.
9 Other employee benefits	4,638,221.	3,218,564.	1,419,639.	18.
10 Payroll taxes	3,489,690.	2,518,862.	725,485.	245,343.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,412,054.	1,171,625.	217,714.	22,715.
c Accounting	640,732.	80,707.	558,361.	1,664.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	70,000.			70,000.
f Investment management fees	1,289,303.		1,289,303.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,183,647.	3,178,427.	950,535.	54,685.
12 Advertising and promotion	972,446.	850,626.	17,143.	104,677.
13 Office expenses	2,355,237.	1,932,465.	405,225.	17,547.
14 Information technology	2,747,186.	1,848,400.	793,161.	105,625.
15 Royalties	1,443,455.	1,441,055.	2,400.	
16 Occupancy	6,588,521.	4,587,045.	1,734,261.	267,215.
17 Travel	3,493,313.	3,112,529.	235,325.	145,459.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	987,629.	601,177.	374,736.	11,716.
20 Interest	74,701.	7.	74,694.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,032,916.	4,059,363.	835,264.	138,289.
23 Insurance	384,483.	339,534.	19,513.	25,436.
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 EXPENSE	31,237,829.	31,237,829.		
b DISTRIBUTION EXPENSE	220,159.	220,066.	93.	
c BAD DEBT EXPENSE	38,463.	38,463.		
d MISCELLANEOUS EXPENSE	564,200.		395,290.	168,910.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	146,740,000.	120,810,227.	21,959,998.	3,969,775.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	19,923,151.	2	16,759,772.
	3 Pledges and grants receivable, net	13,304,478.	3	19,978,953.
	4 Accounts receivable, net	22,688,951.	4	20,952,184.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	340,610.	8	184,864.
	9 Prepaid expenses and deferred charges	21,049,372.	9	64,704,654.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,913,896.		
	b Less: accumulated depreciation	10b 16,831,476.	19,468,871.	10c 18,082,420.
	11 Investments - publicly traded securities	48,311,973.	11	52,833,565.
	12 Investments - other securities. See Part IV, line 11	154,180,385.	12	160,605,979.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	34,463,344.	14	32,436,092.
	15 Other assets. See Part IV, line 11	7,139,773.	15	7,264,903.
16 Total assets. Add lines 1 through 15 (must equal line 34)	340,870,908.	16	393,803,386.	
Liabilities	17 Accounts payable and accrued expenses	33,143,389.	17	44,086,823.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	26,837,952.	19	40,950,920.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,596,243.	25	13,579,614.
	26 Total liabilities. Add lines 17 through 25	74,577,584.	26	98,617,357.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	241,841,192.	27	256,835,005.
	28 Temporarily restricted net assets	24,452,132.	28	38,351,024.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	266,293,324.	33	295,186,029.	
34 Total liabilities and net assets/fund balances	340,870,908.	34	393,803,386.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	169,897,982.
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,740,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,157,982.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	266,293,324.
5	Net unrealized gains (losses) on investments	5	5,736,317.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-1,594.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	295,186,029.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

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

7 Check here if the current year is the organization's first as a non-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 Total annual distributions. 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

FORM 990, SCHEDULE A - PUBLIC SUPPORT

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
SPECIAL EVENTS ACTIVITIES	120,300.	123,325.	139,200.	148,500.	280,500.	811,825.
TOTALS	<u>120,300.</u>	<u>123,325.</u>	<u>139,200.</u>	<u>148,500.</u>	<u>280,500.</u>	<u>811,825.</u>

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to 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 (entering "N/A" in column (b) instead of the contributor name and address), 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		\$ 1,507,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,125,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,535,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 14,755,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,513,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 4,239,238.	Person <input checked="" 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 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		\$ 8,803,570.	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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input 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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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
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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) 2018

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		145,450,697.	
e Total exempt purpose expenditures (add lines 1c and 1d)		145,450,697.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures			65,714.		65,714.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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.

SCHEDULE C

SESAME WORKSHOP DID NOT ENGAGE IN ANY LOBBING ACTIVITIES DURING FISCAL

YEAR 2019. SESAME WORKSHOP FILES A FORM 990, SCHEDULE C, BECAUSE IT HAS

MADE THE SECTION 501(H) ELECTION.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

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: Description, 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: Description, Amount. 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) 2018

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	51,977,000.	FMV
(B) PRIVATE EQUITY FUNDS	5,585,247.	FMV
(C) VENTURE CAPITAL FUNDS	11,077,189.	FMV
(D) INVESTMENTS IN POOLED FUNDS	91,966,543.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	160,605,979.	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 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)	
Total. (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	13,579,614.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,579,614.	

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

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

2018

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 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
(1) EAST ASIA AND THE PACIFIC	1.	13.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	3,802,036.
(2) EUROPE	0.	3.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	691,850.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	3,669,095.
(4) NORTH AMERICA	0.	4.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	1,314,406.
(5) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	2,004,895.
(6) SOUTH AMERICA	0.	7.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	1,122,487.
(7) SOUTH ASIA	1.	13.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	3,733,379.
(8) CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	DIST. OF EDUCTN. MEDIA	52,532.
(9) SOUTH ASIA	0.	0.	GRANTMAKING		3,772,347.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		53,837,000.
(11) EUROPE	0.	0.	INVESTMENTS		500,000.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	2.	41.			74,500,027.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	41.			74,500,027.

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

Schedule F (Form 990) 2018

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	GENERAL SUPP	575,569.				
(2)			SOUTH ASIA	PROGRAM IMPL	3,196,778.				
(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 **2.**

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 I, LINE 1 - MONITORING OF FOREIGN GRANTEES.

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

PART IV

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

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).

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.

2018

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 for instructions and 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						
Total					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	4,330,339.			4,330,339.
	2 Less: Contributions	4,049,839.			4,049,839.
	3 Gross income (line 1 minus line 2)	280,500.			280,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	139,789.			139,789.
	7 Food and beverages	216,600.			216,600.
	8 Entertainment	405,180.			405,180.
	9 Other direct expenses	337,880.			337,880.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,099,449.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-818,949.	

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	13a	%
b An outside facility	13b	%

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 WORLDWIDE IMPACT 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 REPORTED IN

- 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	13a	%
b An outside facility	13b	%
- 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 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

2018

**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 for the latest information.

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

Part I General Information on Grants and Assistance

- 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
- 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) UNIVERSITY OF GEORGIA 120 HOOPER STREET ATTHENS, GA 30602	58-6033837	501(C)(3)	9,400.				GENERAL SUPPORT
(2) US FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR	13-1760110	501(C)(3)	10,000.				GENERAL SUPPORT
(3) MUSEUM OF THE MOVING IMAGE 36-01 35TH AVENUE ASTORIA, NY 11106	11-2730714	501(C)(3)	10,000.				GENERAL SUPPORT
(4) NEW YORK WOMEN IN COMMUNICATION 355 LEXINGTON AVENUE NEW YORK, NY 10017	13-6274650	501(C)(3)	6,000.				GENERAL SUPPORT
(5) CENTER FOR US GLOBAL LEADERSHIP 1129 20TH STREET WASHINGTON, DC 20036	74-3093659	501(C)(3)	37,000.				GENERAL SUPPORT
(6) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET, 12TH FLOOR	13-5660870	501(C)(3)	8,600,000.				PRGM. IMPLEMENTATION
(7) SESAME WORKSHOP INTERNATIONAL, INC. 1900 BROADWAY NEW YORK, NY 10023	83-1810098	501(C)(3)	524,606.				GENERAL SUPPORT
(8) CREATIVE ARTWORK 520 8TH AVE., STE. 201A NEW YORK, NY 10018	13-3638436	501(C)(3)	8,258.				GENERAL SUPPORT.
(9) FREE ART FOR ABUSED CHILDREN 1431 BROADWAY, 7TH FL. NEW YORK, NY 10018	86-0739513	501(C)(3)	7,921.				GENERAL SUPPORT
(10) NEW YORK UNIVERSITY 105 EAST 17TH ST. NEW YORK, NY 10003	13-5562308	501(C)(3)	1,178,151.				PRGM. IMPLEMENTATION
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

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) (2018)

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

IN FY19, SESAME WORKSHOP AWARDED SUB-GRANTS TO THE INTERNATIONAL RESCUE COMMITTEE ("IRC") AND NEW YORK UNIVERSITY ("NYU"), ITS IMPLEMENTATION PARTNERS ON ITS INITIATIVE TO SUPPORT KIDS DISPLACED BY CONFLICT LIVING IN SYRIA, JORDAN, IRAQ AND LEBANON. IRC'S ROLE IN THE PROJECT IS TO PROVIDE DIRECT ON THE GROUND SERVICES TO KIDS, CAREGIVERS AND TEACHERS, IN REFUGEE CAMPS, HEALTH CLINICS AND HOST COMMUNITIES, AS WELL AS RESEARCH TO MEASURE THE EFFICACY OF THE PROGRAM. NYU'S ROLE IS TO MEASURE THE EFFECTIVENESS AND IMPACT OF THE PROGRAM.

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.

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

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.

CHARITABLE PURPOSES, AS WELL AS TO CONDUCT AUDITS OF THE GRANT SPENDING.

IN ADDITION, SESAME WORKSHOP SUPPORTS ORGANIZATIONS THROUGH THEIR GALAS AND OTHER SPECIAL EVENT ACTIVITIES. TO THE EXTENT THAT THE PAYMENT TO THESE ORGANIZATIONS REPRESENTS A CONTRIBUTION (BEYOND THE GOODS AND SERVICES RECEIVED), SESAME REPORTS THESE AMOUNTS AS CONTRIBUTIONS ON SCHEDULE I. SESAME WORKSHOP'S 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 GENERALLY IMMATERIAL AND DO NOT

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.

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 for instructions and the latest information.

OMB No. 1545-0047

2018

**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** **4c**
- 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** **5b**
- 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** **6b**
- 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. **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

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)	585,175.	177,950.	3,712.	16,575.	30,078.	813,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DARYL MINTZ EVP, CFO	(i)	328,241.	100,200.	537.	27,500.	38,998.	495,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOSEPH SALVO EVP GENERAL COUNSEL	(i)	344,902.	105,525.	4,938.	27,500.	43,087.	525,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JEAN BROWN JOHNSON EVP & CREATIVE DIRECTOR	(i)	404,332.	121,590.	5,387.	27,500.	12,900.	571,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STEPHEN YOUNGWOOD PRESIDENT, MEDIA & EDU. & COO	(i)	469,733.	150,150.	766.	27,500.	7,556.	655,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SHERRIE WESTIN PRESIDENT GLOBAL IMPACT&PHILAN	(i)	417,815.	128,700.	2,924.	27,368.	5,724.	582,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GORDON SCOTT CHAMBERS SVP/GM, EDU. MEDIA & LICENSING	(i)	297,064.	90,883.	733.	25,017.	32,608.	446,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DIANA LEE EVP HUMAN RESOURCES	(i)	302,641.	87,450.	2,280.	26,115.	40,348.	458,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SHEILA M. KELLY CHIEF DEVELOPMENT OFFICER	(i)	299,098.	101,627.	324.	16,983.	38,859.	456,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 TANYA Z. HAIDER EVP STRATEGY RESEARCH&VENTURES	(i)	321,477.	93,000.	492.	15,500.	40,262.	470,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 GEORGE E. WELLS SVP SS CREATIVE & EP	(i)	322,401.	96,075.	483.	9,029.	13,000.	440,988.	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

2018

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 for instructions and the latest information.**

Name of the organization
SESAME WORKSHOP

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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)													
Total							\$						

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	624,000.	SEE SCH L NARRATIVE		X
(2) SHERRIE WESTIN	KEY EMPLOYEE	156,750.	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 2019, SESAME WORKSHOP RECEIVED \$624,000 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 2019, SESAME WORKSHOP PAID THAT ORGANIZATION \$156,750. SESAME WORKSHOP ENGAGED THE SERVICES OF THIS VENDOR WITHOUT ANY INPUT FROM MS. WESTIN. THE TRANSACTION WAS DISCLOSED TO THE BOARD OF DIRECTORS PURSUANT TO THE WORKSHOP'S CONFLICT OF INTEREST PROCESS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SESAME WORKSHOP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Employer identification number

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FORM 990, PART V, LINE 1A

THE NUMBER OF 1099'S ISSUED IN ANY GIVEN YEAR IS DEPENDENT ON THE NUMBER
AND SIZE OF PROJECTS UNDERTAKEN.

FORM 990, PART V, LINE 2A

THE NUMBER OF EMPLOYEES REPORTED IN CALENDAR YEAR 2018 TOTALING 1,079
REFLECTS ALL INDIVIDUALS EMPLOYED FOR ANY PART OF THE YEAR. IT ALSO
INCLUDES PAYMENTS TO PRODUCTION TALENT FOR REUSE AND RE-AIRING OF
PREVIOUSLY PRODUCED CONTENT. GIVEN THE VARIABLE NATURE OF PROJECT AND
PRODUCTION ACTIVITIES, THE TOTAL EMPLOYEES REPORTED MAY VARY YEAR TO YEAR
AND DOES NOT ACCURATELY REFLECT THE AVERAGE NUMBER OF INDIVIDUALS
EMPLOYED AT ANY ONE TIME, WHICH AVERAGED 450 IN CY 2018.

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

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
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DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW AND COMMENT PRIOR TO SUBMISSION WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, LINE 12C

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

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

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

IN SO DOING, THE COMMITTEE TAKES INTO CONSIDERATION THE COMPETITIVE LABOR MARKETPLACE FOR SUCH POSITIONS AND THE COMPARABILITY DATA IN THE NOT-FOR-PROFIT AND, IN SOME INSTANCES THE FOR-PROFIT SECTORS, AS

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

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ATTACHMENT 1

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

CREATION AND DISTRIBUTION OF EDUCATIONAL MEDIA.

SESAME WORKSHOP CREATES EDUCATIONAL CONTENT FOR PRESCHOOL CHILDREN AND DISTRIBUTES THAT CONTENT IN THE U.S. AND AROUND THE WORLD, ACROSS VARIOUS MEDIA PLATFORMS INCLUDING TELEVISION, DIGITAL, ONLINE, RADIO, PRINT, , MOBILE, AND HOME ENTERTAINMENT. THE CONTENT FOLLOWS A WHOLE CHILD CURRICULUM AND IS DESIGNED TO GIVE VULNERABLE CHILDREN EQUAL AND EARLY ACCESS TO PRESCHOOL LEARNING. SESAME WORKSHOP IS MOST WELL-KNOWN FOR ITS FLAGSHIP EDUCATIONAL PROGRAM "SESAME STREET." THE SHOW CURRENTLY BROADCASTS MULTIPLE TIMES A DAY IN THE U.S. ON THE PUBLIC BROADCASTING SERVICE (PBS), WHICH IS AVAILABLE FOR FREE IN 98% OF HOUSEHOLDS WITH TELEVISIONS. IN ADDITION TO ITS PRESENCE ON PBS AND OTHER TELEVISION AND DIGITAL PLATFORMS, "SESAME STREET" VIDEOS, INTERACTIVE GAMES AND OTHER EDUCATIONAL CONTENT ARE AVAILABLE FREE OF CHARGE FOR USERS ON WWW.SESAMESTREET.ORG, WWW.PBSKIDS.ORG AND WWW.YOUTUBE.COM. INCLUDING ITS DISTRIBUTION ON BROADCAST AND CABLE TV AND ITS PRESENCE ON VARIOUS DIGITAL PLATFORMS, "SESAME STREET" REACHES 10.7 MILLION KIDS' AGES 0-8 IN THE U.S. ON A QUARTERLY BASIS. ITS CONTINUED POPULARITY PLACES IT AS THE #2 PRE-SCHOOL SHOW ON PBS. SESAME STREET'S FREE YOUTUBE CHANNEL RECEIVED OVER 1.2 BILLION VIEWS DOMESTICALLY IN FISCAL YEAR 2019 (AND 2.3 BILLION VIEWS WORLDWIDE). 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.

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ATTACHMENT 1 (CONT'D)

"SESAME STREET" IS ALSO 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, SOUTH AFRICA, INDIA, BANGLADESH, SOMALIA, ETHIOPIA AND AFGHANISTAN. THE PROGRAM REACHES 150 MILLION KIDS ON A WORLDWIDE BASIS.

IN ADDITION TO THE DISTRIBUTION OF SESAME STREET ON MASS MEDIA PLATFORMS, SESAME WORKSHOP ALSO LEVERAGES IT MEDIA CONTENT AND WHOLE-CHILD CURRICULUM TO REACH KIDS IN FORMAL SCHOOL SETTINGS. IN FY 2019, SESAME WORKSHOP WORKED WITH ITS PARTNER, EDUCATIONAL PUBLISHER MCGRAW-HILL EDUCATION (MHE), TO BEGIN IMPLEMENTING THE WORKSHOP'S FIRST INTEGRATED PROGRAM INCORPORATING CRITICAL SOCIAL EMOTIONAL LEARNING (SEL) SKILLS INTO MHE'S WONDERS LITERACY PROGRAMS FOR ELEMENTARY STUDENTS IN TEXAS AND SELECTED DISTRICTS NATIONWIDE. ADDITIONALLY, WE SECURED A THREE-YEAR RESEARCH GRANT FROM CHAN ZUCKERBERG INITIATIVE TO CONDUCT FORMATIVE AND PARTICIPATORY RESEARCH ON OUR EARLY CHILDHOOD CURRICULUM THAT IS DESIGNED TO EMBED SEL IN THE CONTEXT EMERGENT LANGUAGE AND LITERACY DEVELOPMENT. DURING THIS FIRST HALF-YEAR OF THE GRANT, WE BEGAN REVISIONS OF THE CURRICULUM BASED ON THE RESEARCH AND RECRUITED THREE PILOT SCHOOLS. THESE PILOTS BEGAN USE OF THE CURRICULUM IN AUGUST 2019.

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ATTACHMENT 2

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

U.S. SOCIAL IMPACT

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

IN FY 2019, THE SESAME STREET IN COMMUNITIES (SSIC) PROGRAM TACKLED ADDITIONAL TOUGH TOPICS TO MEET THE NEEDS OF VULNERABLE CHILDREN AND FAMILIES. NEW BILINGUAL FAMILY HOMELESSNESS RESOURCES LAUNCHED IN DECEMBER 2018 INCLUDED: MUPPET VIDEOS FEATURING LILY, A 7-YEAR-OLD MUPPET WHO EXPERIENCED HOMELESSNESS, DOCUMENTARY VIDEOS WITH REAL KIDS EXPERIENCING HOMELESSNESS, ARTICLES, PRINTABLES, AND PROVIDER WORKSHOPS FEATURING VIDEO WITH REAL PROVIDERS WORKING WITH FAMILIES EXPERIENCING HOMELESSNESS. FIFTY THOUSAND COPIES OF THE WE GOT THIS! STORYBOOKS WERE PRINTED AND MADE AVAILABLE FOR FREE TO COMMUNITY PARTNERS. ADDITIONALLY, WE HOSTED OUR FIRST EVER LIVESTREAM EVENT, AN INTERACTIVE PANEL CONVERSATION ON FAMILY HOMELESSNESS FEATURING A PANEL OF EXPERTS WORKING WITH YOUNG CHILDREN AND FAMILIES ACROSS A VARIETY OF SECTORS. THE PROJECT GARNERED ONE BILLION COMBINED MEDIA IMPRESSIONS WITHIN 48 HOURS OF LAUNCH, INCLUDING FEATURES ON THE FRONT PAGE ON NYT, TODAY SHOW, PEOPLE, USA TODAY, BUZZFEED AND MANY MORE!

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ATTACHMENT 2 (CONT'D)

IN MAY 2019 WE LAUNCHED NEW BILINGUAL RESOURCES ON FOSTER CARE FEATURING A NEW MUPPET CHARACTER, KARLI, A 6 ½ YEAR OLD MUPPET IN FOSTER CARE. RESOURCES INCLUDE: THE FEELING BASKET DIGITAL STORYBOOK ABOUT EXPRESSING AND MANAGING BIG FEELINGS; THREE NEW DIGITAL VIDEOS FEATURING KARLI AND HER 'FOR-NOW PARENTS' DALIA AND CLEM; TWO NEW DIGITAL INTERACTIVES INCLUDING "SLOW IT DOWN," WHICH FEATURES SOOTHING IMAGES AND BREATHING ACTIVITIES FOR CALMING A CHILD IN CRISIS; AND "DRAW IT OUT" WHICH INVITES CHILDREN TO EXPRESS FEELINGS AND THOUGHTS THROUGH ART. NEW PROFESSIONAL DEVELOPMENT RESOURCES INCLUDE: A PROVIDER PROFILE FEATURING A FOSTER PARENT, NEW PRINTABLES INCLUDING A RESOURCE LIST FOR FOSTER PARENTS AND PROVIDERS, ARTICLES BY GUEST AUTHORS, AND A WEBINAR. WITHIN THE FIRST 48 HOURS, THE RESOURCES GENERATED 473 MILLION COMBINED MEDIA IMPRESSIONS WITH A FEATURE IN THE ATLANTIC, AND PRINT STORIES IN THE WASHINGTON POST, USA TODAY, AND NY DAILY NEWS.

U.S. SOCIAL IMPACT TYPICALLY CONVENES ADVISORY MEETINGS ONCE A YEAR TO INFORM OUR DEVELOPMENT OF NEW TOPICS THAT WILL LAUNCH IN THE FOLLOWING YEAR. WE HELD THREE ADVISORY MEETINGS IN CHICAGO IN APRIL 2019 ON COMMUNITY AND GUN VIOLENCE, INFANT AND TODDLER TRAUMA, AND HEALTHY HABITS/FOOD INSECURITY IN ORDER TO INFORM THE NEXT ROUND OF SSIC CONTENT FOR CHILDREN AROUND TRAUMATIC EXPERIENCES AND OVERALL WELLNESS. A THEME THAT EMERGED ACROSS ALL THREE TOPICS WAS THE NEED TO FOSTER CONNECTIONS WITHIN COMMUNITIES IN ORDER TO REDUCE STIGMA, SO THAT PARENTS WOULD BE MORE LIKELY TO

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ATTACHMENT 2 (CONT'D)

REACH OUT FOR HELP.

SESAME WORKSHOP CONTINUED ONGOING DISCUSSIONS WITH OUR REGIONAL AND LOCAL PARTNERS, EXPANDING INTO FIVE ADDITIONAL COMMUNITIES THIS YEAR. SESAME SSIC LAUNCHED IN TRANSYLVANIA, NC WITH THE GET SET COLLABORATIVE INCLUDING THE COUNTY COMMISSIONER'S OFFICE, SMART START, AND THE FAMILY PLACE ON OCTOBER 25, 2018 REACHING OVER 15,000 PEOPLE. MAIN SSIC TOPIC FOCUS INCLUDES TRAUMATIC EXPERIENCES, RESILIENCE AND SCHOOL READINESS. WE LAUNCHED IN LELAND AND INDIANOLA, MS WITH DELTA HEALTH ALLIANCE FOCUSING ON SCHOOL READINESS IN NOVEMBER 2018. WE LAUNCHED IN MEMPHIS, TENNESSEE WITH ACE AWARENESS FOUNDATION AND PORTER-LEATH FOCUSING ON TRAUMATIC EXPERIENCES AND RESILIENCE IN DECEMBER 2018. IN FEBRUARY 2019 WE LAUNCHED IN KANSAS CITY, KANSAS WITH KVC HEALTH SYSTEMS, THE FAMILY CONSERVANCY, AND PROJECT EAGLE FOCUSING ON TRAUMATIC EXPERIENCES, RESILIENCE, AND FOSTER CARE. WE LAUNCHED IN CAMDEN, NJ WITH THE CENTER FOR FAMILY SERVICES AND HISPANIC FAMILY CENTER OF SOUTHERN NJ ON APRIL 12-13, 2019 REACHING OVER 600 FAMILIES WITH A TOPIC FOCUS ON TRAUMATIC EXPERIENCES, FAMILY BONDING AND ASTHMA.

SESAME WORKSHOP ALSO EXPANDED WITH ITS NATIONAL PARTNERS TO EXPLORE WAYS TO INTEGRATE SESAME STREET RESOURCES INTO EXISTING PROGRAMS. IN OUR PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS (NADCP), WE COMPLETED A PILOT PROGRAM INTEGRATING SSIC TRAUMA RESOURCES THROUGH COMFY-COZY SPACES. USING

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
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ATTACHMENT 2 (CONT'D)

THE BELOVED SESAME STREET MUPPETS AS AGENTS FOR COMFORT, THESE SPACES FEATURE MEDIA-BASED TOOLS FROM SSIC AS WELL AS CHARACTER PLUSH, FURNITURE AND WALL CLINGS. THESE SPACES AIM TO SERVE AS SAFE, COMFORTING HAVENS FOR CHILDREN AGES 0-5. IN THE SMALL-SCALE STUDY, 70% OF COURT PROFESSIONALS REPORTED A POSITIVE EXPERIENCE WITH SSIC COMFY-COZY SPACES AND RESOURCES AND ALSO REPORTED OBSERVING A POSITIVE EFFECT OF CHILDREN'S MOOD AND BEHAVIOR IN THE COURT. SESAME WORKSHOP ALSO PARTNERED WITH CATHOLIC CHARITIES USA AND OTHER NONPROFIT ORGANIZATIONS TO PROVIDE FREE DIGITAL AND PRINTED RESOURCES FROM SSIC ON CHILD TRAUMA TO RESPITE CENTERS THROUGHOUT TEXAS AND ARIZONA WHO ARE SERVICING THE MOST MIGRANT CHILDREN AND FAMILIES. WE CREATED A NEW STORY/ACTIVITY BOOK AND VOLUNTEER GUIDE SPECIFICALLY FOR THIS AUDIENCE. LET'S PLAY (100,000 COPIES PRINTED) AND LET'S HELP (10,000 COPIES PRINTED) WERE DISTRIBUTED DAILY AT RESPITE CENTERS AND LOCAL EVENTS WHERE SESAMO AND SESAME STREET MUPPETS WERE PRESENT.

SESAME WORKSHOP CONTINUED ITS 15-YEAR PARTNERSHIP WITH THE PNC FOUNDATION TO CREATE MULTIMEDIA SCHOOL READINESS MATERIALS FOR PROVIDERS, CAREGIVERS, AND CHILDREN. IN APRIL 2019, WE LAUNCHED A NEW INITIATIVE, GROWING TOGETHER, READY FOR SCHOOL AND BEYOND INITIATIVE RESOURCES INCLUDE: A PRINTED FAMILY ACTIVITY BOOK (350,000 DISTRIBUTED) WITH TIPS AND IDEAS TO HELP ENGAGE PARENTS/CAREGIVERS WITH THEIR CHILDREN; GROVER'S STORY CIRCLE INTERACTIVE GAME THAT INVITES CHILDREN TO HELP THE SESAME FRIENDS FINISH THEIR SILLY STORIES; A NEW SCHOOL READINESS TOPIC PAGE ON

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ATTACHMENT 2 (CONT'D)

THE SSIC WEBSITE INCLUDING FIVE NEW DIGITAL MUPPET VIDEOS; "THIS IS HOW I GROW" MUSIC VIDEO; PRINTABLES AND ARTICLES FOR PARENTS AND PROVIDERS. IN JUNE 2019 THE WORKSHOP LAUNCHED A NEW PROFESSIONAL DEVELOPMENT COURSE ON SSIC, GROWING TOGETHER- FAMILY PARTNERS FOR SCHOOL READINESS WHICH OFFERS TOOLS AND BEST PRACTICES FOR WORKING WITH FAMILIES TO HELP CONTINUED LEARNING BEYOND THE CLASSROOM. AT TIME OF LAUNCH THERE WERE ALREADY 200 EDUCATORS REGISTERED AND WITHIN THE FIRST MONTH OF OPENING, THERE WERE OVER 500 REGISTRATIONS AND OVER 100 COMPLETIONS.

WE CONTINUED OUR COMMITMENT TO PROVIDING RESOURCES TO FAMILIES, CAREGIVERS, TEACHERS AND PROVIDERS AROUND THE COUNTRY TO PROVIDE A GREATER UNDERSTANDING ABOUT AUTISM AND TOOLS TO HELP FAMILIES TOUCHED BY AUTISM. SESAME STREET AND AUTISM: SEE AMAZING IN ALL CHILDREN CONTINUES TO OFFER NEW RESOURCES TO HELP FAMILIES TOUCHED BY AUTISM AND THE TEACHERS AND PROVIDERS WHO SERVICE THEM. THIS YEAR BROUGHT ABOUT AN EXCITING NEW PHASE FOR JULIA, OUR 4-YEAR-OLD AUTISTIC MUPPET, AS WE RESPONDED TO COMMUNITY FEEDBACK TO EXPAND JULIA'S WORLD AND BROUGHT HER FAMILY TO LIFE AS MUPPETS: HER PARENTS DANIEL AND ELENA, HER OLDER, NEUROTYPICAL BROTHER SAMUEL, AND THE FAMILY'S DOG ROSE. LAUNCHING IN APRIL 2019 DURING AUTISM ACCEPTANCE MONTH, NEW BILINGUAL RESOURCES INCLUDED THREE NEW DIGITAL VIDEO MOMENTS FEATURING JULIA'S FAMILY AS MUPPETS FOR THE VERY FIRST TIME. WE CONTINUED OUR SERIES OF STORYBOOKS FEATURING JULIA WITH CIRCLE OF FRIENDSHIP A DIGITAL AND PRINTED STORYBOOK ABOUT RESPECTING DIFFERENCES AND BUILDING COMPASSION AND BULLYING

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ATTACHMENT 2 (CONT'D)

PREVENTION. WE CREATED PLAYGROUND PALS WITH JULIA! A DIGITAL INTERACTIVE FOR KIDS FOCUSED ON KINDNESS AND EMPATHY. WE ALSO CREATED SUPPLEMENTAL RESOURCES FOR ADULTS INCLUDING ARTICLES AND PRINTABLE ACTIVITY SHEETS FOR SESAMESTREET.ORG/AUTISM. ONE HUNDRED THOUSAND COPIES OF THE STORYBOOK WERE PRINTED AND MADE AVAILABLE FOR FREE TO OUR NETWORK OF OUR COMMUNITY PARTNERS FOR CONFERENCES AND COMMUNITY EVENTS. 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 2019, HIGHLIGHTING JULIA'S EXPERIENCE GETTING A HAIRCUT, AN EXPERIENCE THAT CAN OFTEN BE DIFFICULT FOR CHILDREN WITH AUTISM.

SESAME WORKSHOP CONTINUED, FOR ITS 14TH YEAR, ITS SESAME STREET FOR MILITARY FAMILIES (SS4MF) PROGRAM WHICH PROVIDES RESOURCES FOR MILITARY AND VETERAN FAMILIES. WE CONDUCTED TWO RESEARCH STUDIES: (1) AN EVALUATION OF THE PROVIDER PAGE; AND (2) A NEEDS ASSESSMENT ON TRANSITIONS IN HEALTHCARE WITH BOTH SUBJECT MATTER EXPERTS AND MILITARY PARENTS.

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

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 ATTACHMENT 3 (CONT'D)

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 BANGLADESH, SOUTH AFRICA, INDIA AND AFGHANISTAN -- TO MULTI-COUNTRY INITIATIVES AND REGIONAL PROJECTS WITH AN EMPHASIS ON WORK IN SOUTH ASIA, SUB-SAHARAN AFRICA AND THE MIDDLE EAST.

THROUGHOUT FISCAL YEAR 2019, SESAME WORKSHOP CONTINUED ROBUST SOCIAL IMPACT WORK, EXPANDING INTO NEW REGIONS AND THEMATIC AREAS WHILE ALSO DEEPENING ENGAGEMENT IN EXISTING COUNTRIES.

IN BANGLADESH, SEASON 11 OF SISIMPUR (26 NEW EPISODES) AIRED ON NATIONAL BROADCASTER, RTV.. PRODUCTION WAS COMPLETED FOR SEASON 12 OF SISIMPUR TO BE AIRED DURING FISCAL YEAR 2020. SESAME WORKSHOP, IN PARTNERSHIP WITH UNHCR, COMPLETED A PILOT PROGRAM IN COX'S BAZAR, BANGLADESH TO REACH CHILDREN AND CAREGIVERS AFFECTED BY THE ROHINGYA REFUGEE CRISIS.

IN SOUTH AFRICA, SESAME WORKSHOP ESTABLISHED A BRANCH OFFICE, SESAME WORKSHOP SOUTH AFRICA, TO DEEPEN SESAME WORKSHOP'S REACH AND IMPACT AND FURTHER BUILD ON TWO DECADES OF WORK IN THE COUNTRY. SESAME WORKSHOP LAUNCHED A FIVE-YEAR INITIATIVE TO PROMOTE CHILDREN'S LEARNING THROUGH PLAY WHICH WILL INCLUDE THE PRODUCTION OF NEW MEDIA CONTENT FOR BOTH TV AND DIGITAL PLATFORMS ALONG WITH COMMUNITY ENGAGEMENT ACTIVITIES IN 3 PROVINCES. PREVIOUSLY PRODUCED TAKALANI SESAME CONTENT COMPRISED A BRIDGE

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ATTACHMENT 3 (CONT'D)

SEASON THAT AIRED ON PUBLIC BROADCASTER, SABC, WHILE PRODUCTION PLANS WERE FINALIZED FOR A NEW SEASON.

IN INDIA, GALLI GALLI SIM SIM CONTINUED TO BROADCAST IN 7 LANGUAGES ON PUBLIC BROADCASTER, DOORDASHAN. THE SEASON INCLUDED "GROWING UP CHAMKI", A NEW SEGMENT MODULE IN THE SERIES ADDRESSING GENDER EQUITY AND WAS ACCOMPANIED BY AN INTENSIVE DIGITAL AND PR CAMPAIGN. SESAME WORKSHOP BEGAN PROGRAM DESIGN AND CONTENT DEVELOPMENT FOR A NEW COMMUNITY ENGAGEMENT INITIATIVE THAT AIMS TO BUILD AWARENESS AROUND EATING HEALTHY BREAKFASTS AMONG LOW RESOURCED POPULATIONS IN MUMBAI.

IN AFGHANISTAN, SEASON 6 OF BAGHCH-E-SIMSIM CONTINUED TO AIR DAILY IN DARI AND PASHTO ON THE TOLO AND LEMAR CHANNELS, RESPECTIVELY. THE SHOW FURTHER EXPOSED CHILDREN TO LEAD CHARACTERS, MUPPET SIBLINGS ZARI AND ZEERAK, WHO MODEL GENDER EQUITY FOR GIRLS AND BOYS. SESAME WORKSHOP BEGAN PRODUCTION FOR SEASON 7 OF BAGHCH-E-SIMSIM (26 EPISODES) IN PARTNERSHIP WITH THE MOBY GROUP AND EQUAL ACCESS INTERNATIONAL TO AIR DURING FISCAL YEAR 2020.

IN THE HORN OF AFRICA, SESAME LAUNCHED THE AMHARIC-LANGUAGE SERIES, SESAME TERET TERET, ADDRESSING THEMES OF MUTUAL RESPECT AND UNDERSTANDING. THE SHOW AIRED DAILY ON KANA TV, ETHIOPIA'S MOST VIEWED CHANNEL. SESAME WORKSHOP FURTHER EXPANDED REACH IN THE REGION THROUGH THE DEVELOPMENT OF A SOMALI-LANGUAGE ADAPTATION OF THE SERIES, TITLED SESAME SHEEKO SHEEKO, WITH INTENDED COMPLETION

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 ATTACHMENT 3 (CONT'D)

AND BROADCAST IN FY 2020 ACROSS THE REGION, INCLUDING IN SOMALIA, KENYA, ETHIOPIA, AND DJIBOUTI.

IN GHANA, SESAME WORKSHOP CONTINUED TO IMPLEMENT 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. THE PROGRAM'S MEDIA CONTENT WAS SELECTED AS A WEBBY AWARDS PUBLIC SERVICE AND ACTIVISM CATEGORY.

IN FISCAL YEAR 2019, SESAME WORKSHOP CONCLUDED ITS "PLAY EVERY DAY" PROGRAM IN MEXICO, INDIA AND SOUTH AFRICA. REACHING OVER 7,500 FAMILIES (APPROXIMATELY 15,000 INDIVIDUALS) DURING THE TESTING AND IMPLEMENTATION PHASES, "PLAY EVERY DAY" PROVIDES STRATEGIES FOR FACILITATING MEANINGFUL PLAY FOR FAMILIES WITH YOUNG CHILDREN. SUMMATIVE EVALUATIONS SHOWED STATISTICALLY SIGNIFICANT RESULTS IN SOUTH AFRICA AND INDIA.

SESAME WORKSHOP'S "WASH UP!" INITIATIVE CONTINUED TO EXPAND, REACHING OVER 180,000 CHILDREN IN 14 COUNTRIES WITH LIFE-CHANGING HEALTH AND BEHAVIOR-CHANGE EDUCATION. IN FISCAL YEAR 2019, THE PROGRAM EXPANDED TO RWANDA AND INDIA WITH THE DEVELOPMENT OF NEW VIDEO CONTENT, OUTREACH MATERIALS, AND TRAININGS IN PARTNERSHIP WITH WORLD VISION. ADDITIONALLY, SESAME WORKSHOP DEEPENED ENGAGEMENT IN GHANA, MALI, AND NIGER WITH INTEGRATION OF MESSAGING AROUND THE PREVENTION OF NEGLECTED TROPICAL DISEASES. FOLLOWING

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
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ATTACHMENT 3 (CONT'D)

CONTENT DEVELOPMENT THAT TOOK PLACE IN FISCAL YEAR 2018, SESAME WORKSHOP LAUNCHED THE "WASH UP! GIRL TALK" INITIATIVE IN ZIMBABWE IN FY19. REACHING OVER 25,000 STUDENTS IN 150 SCHOOLS, "GIRL TALK" INTEGRATES MENSTRUAL HYGIENE MANAGEMENT INTO THE "WASH UP!" CURRICULUM TO REACH GIRLS AND BOY AGES 10 TO 15. THE "GIRL TALK" PROGRAM WAS THE RECIPIENT OF THE 2019 GRACIE AWARE FOR FAMILY SERIES FROM THE ALLIANCE FOR WOMEN IN THE MEDIA FOUNDATION.

PHASE ONE OF THE NINE-COUNTRY, FINANCIAL EMPOWERMENT INITIATIVE, "DREAM, SAVE, DO" CONCLUDED IN FISCAL YEAR 2019. THE PROGRAM HAD A CUMULATIVE REACH OF OVER 100 MILLION PEOPLE ACROSS EAST AND SOUTH ASIA, THE MIDDLE EAST AND LATIN AMERICA. A SECOND PHASE OF THE PROGRAM LAUNCHED IN EARLY 2019, DEEPENING ENGAGEMENT IN BRAZIL, JAPAN AND MEXICO.

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

HUMANITARIAN RELIEF

IN THE FACE OF GLOBAL REFUGEE CRISIS, MILLIONS OF YOUNG CHILDREN DO NOT HAVE ACCESS TO EARLY CHILDHOOD DEVELOPMENT (ECD) OPPORTUNITIES THAT THEY NEED TO LEARN, RECOVER FROM ADVERSE EXPERIENCES, AND PREPARE THEM TO THRIVE. DURING FY19 SESAME WORKSHOP AND THE INTERNATIONAL RESCUE COMMITTEE (IRC), WITH SUPPORT FROM THE MACARTHUR FOUNDATION, BEGAN IMPLEMENTING AHLAN SIMSIM ("WELCOME SESAME" IN ARABIC), A PROGRAM THAT DELIVERS EARLY LEARNING AND NURTURING CARE TO CHILDREN AND CAREGIVERS AFFECTED BY CONFLICT AND DISPLACEMENT IN IRAQ, JORDAN, LEBANON, AND SYRIA. THE

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ATTACHMENT 3 (CONT'D)

PROGRAM ALSO INITIATED THE DESIGN, DEVELOPMENT AND PRODUCTION OF OUR EDUCATIONAL CHILDREN'S TELEVISION SERIES, AHLAN SIMSIM, OR FAMILIES ACROSS THE MIDDLE EAST AND NORTH AFRICA. BUILDING ON OUR EFFORTS IN THE SYRIAN RESPONSE REGION, SESAME WORKSHOP EXPANDED ITS EFFORT BY JOINING WITH THE LEGO FOUNDATION, BRAC, AND THE IRC TO SUPPORT HUNDREDS OF THOUSANDS OF CHILDREN AND CAREGIVERS AFFECTED BY BOTH THE SYRIAN CRISIS IN JORDAN AND LEBANON AND THE ROHINGYA REFUGEE CRISIS IN BANGLADESH, BY ENSURING ACCESS TO PLAY-BASED LEARNING OPPORTUNITIES THAT ARE VITAL TO THEIR DEVELOPMENT. FUNDED BY THE MACARTHUR FOUNDATION'S GROUNDBREAKING \$100 MILLION GRANT AND WITH AN ADDITIONAL \$100 MILLION GRANT FROM THE LEGO FOUNDATION, SESAME WORKSHOP IS ELEVATING AWARENESS, ENGAGING POLICYMAKERS, AND INCREASING INVESTMENT FOR EARLY CHILDHOOD DEVELOPMENT (ECD) IN CRISIS SETTINGS.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HUMANITARIAN RELIEF	12,974,929.	24,208,212.	0.
TOTALS	<u>12,974,929.</u>	<u>24,208,212.</u>	<u>0.</u>

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UNITED KINGDOM
BANGLADESH
SOUTH AFRICA

Name of the organization SESAME WORKSHOP	Employer identification number 13-2655731
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ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,
 DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,
 MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 7

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BAERHANDS THEATER AND TELEVISION, INC. P.O. BOX 102 RHINECLIFF, NY 12574	PRODUCTION SERVICES	1,754,038.
THE JIM HENSON COMPANY 1416 NORTH LA BREA AVENUE HOLLYWOOD, CA 90028	PRODUCTION SERVICES	1,207,461.
STRATEGIC INVESTMENT MANAGEMENT 1001 19TH STREET ARLINGTON, VA 22209-1722	INVESTMENT MGMT	873,733.
NELVANA LIMITED 25 DOCKSDIVE DRIVE TORONTO CANADA ONM5A-1B6	PRODUCTION SERVICES	873,727.
JORDAN PIONEERS 8 SHUKRI SHASHA'A ST AMMAN JORDAN 0096264640012	PRODUCTION SERVICES	820,603.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**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 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 153 OKHLA INDUSTRIAL ESTATE PHASE III, NEW DEHLI IN 11	EDU. MEDIA	IN	N/A	N/A	SESAME WORKS	X	
(5) SESAME WORKSHOP INTERNATIONAL, INC. 83-1810098 1900 BROADWAY NEW YORK, NY 10023	EDU. MEDIA	NY	501(C)(3)	7	SESAME WORKS	X	
(6)							
(7)							

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

Schedule R (Form 990) 2018

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.	51,501.	100.0000	X	
(2) SESAME WORKSHOP INITIATIVES (INDIA) PLC 153 OKHLA INDUSTRIAL ESTATE PHASE III, NEW DEHLI IN 11002	EDU. MEDIA	IN	SESAME WORKSHOP		1,502,589.	1,911,712.	99.0000	X	
(3) SS BRAND MANAGEMENT SHANGHAI ROOM 504, W. TOWER, SHANGHAI CENTER NO. 1376, NANJING WES	EDU. MEDIA	CH	SESAME WORKSHOP		2,211,836.	2,330,666.	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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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) SESAME STREET BRAND MANAGEMENT	M	516,960.	COST
(2) JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA	L, O, Q	1,043,965.	COST
(3) SESAME WORKSHOP INDIA INITIATIVES, PLC	M	1,308,809.	COST
(4) SESAME WORKSHOP INTERNATIONAL, INC.	B	524,606.	CASH
(5) SESAME STREET BRAND MANAGEMENT	A	89,889.	CASH
(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.
