

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

<b>B</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	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> SESAME WORKSHOP		<b>D Employer identification number</b>	
		Doing Business As		13-2655731	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>	
		ONE LINCOLN PLAZA		(212) 595-3456	
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 138,088,810.		<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
NEW YORK, NY 10023		<b>F Name and address of principal officer:</b> GARY KNELL		<b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
ONE LINCOLN PLAZA NEW YORK, NY 10023		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.SESAMEWORKSHOP.ORG		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1970 <b>M State of legal domicile:</b> NY	
<b>H(c) Group exemption number</b>					

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CREATE INNOVATIVE, ENGAGING CONTENT THAT MAXIMIZES THE EDUCATIONAL POWER OF ALL MEDIA, HELPING CHILDREN REACH THEIR HIGHEST POTENTIAL.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	1,320
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	411,674.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	43,363,801.	41,661,489.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,262,074.	29,890,367.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,599,235.	979,794.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,749,717.	58,074,763.
		139,776,357.	130,606,413.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	309,526.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	65,511,302.	54,232,617.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	384,125.	119,705.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	5,473,491.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	84,539,912.	75,335,708.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,435,339.	129,997,556.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-10,658,982.	608,857.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	388,908,394.	399,071,702.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	46,157,646.	47,940,565.
	342,750,748.	351,131,137.	

## 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's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4057

Preparer's identifying number (see instructions) P00504182

EIN 36-6055558

Phone no. 212-599-0100

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\* Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
SESAME WORKSHOP'S MISSION IS TO CREATE INNOVATIVE, ENGAGING CONTENT  
THAT MAXIMIZES THE EDUCATIONAL POWER OF ALL MEDIA, HELPING CHILDREN  
REACH THEIR HIGHEST POTENTIAL.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 66,781,850. including grants of \$ ) (Revenue \$ 29,476,053. )  
ATTACHMENT 2

TAXPAYER COPY

4b (Code: ) (Expenses \$ 17,711,966. including grants of \$ 309,526. ) (Revenue \$ 5,467,795. )  
ATTACHMENT 3

4c (Code: ) (Expenses \$ 26,837,930. including grants of \$ ) (Revenue \$ 8,425,759. )  
ATTACHMENT 4

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 111,331,746.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Includes a large blacked-out redaction area between rows 11 and 12.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .	1a	368		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,320		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X		
b	If "Yes," enter the name of the foreign country: ► UNITED KINGDOM See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X	
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11 (X), 11A, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
VINCENT A. MAI CHAIRMAN OF THE BOARD	1.00	X						0.	0.	
JOAN GANZ COONEY CHAIRMAN OF EXECUTIVE COM.	1.00	X						0.	0.	
LLOYD N. MORRISSETT CHAIRMAN EMERITUS OF THE BOARD	1.00	X						0.	0.	
JEFFREY N. WATANABE FORMER CHAIRMAN OF THE BOARD	.50	X						0.	0.	
FABIOLA R. ARREDONDO TRUSTEE	.50	X						0.	0.	
JOANNA BARSH TRUSTEE	1.00	X						0.	0.	
LISA CAPUTO TRUSTEE	.50	X						0.	0.	
DAVID C. COLE TRUSTEE	.50	X						0.	0.	
DANIELLA LIPPER COULES TRUSTEE	.50	X						0.	0.	
MARTIN GOMEZ TRUSTEE	.50	X						0.	0.	
JANE HARTLEY TRUSTEE	1.00	X						0.	0.	
CRAIG M. HATKOFF TRUSTEE	.50	X						0.	0.	
PETER HERO TRUSTEE	.50	X						0.	0.	
RACHEL HINES TRUSTEE	1.00	X						0.	0.	
SANFORD M. LITVACK TRUSTEE	1.00	X						0.	0.	
MARGARET LOESCH TRUSTEE	.50	X						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	(C) Position (check all that apply)						(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			
KYLE PRUETT TRUSTEE	.50	X					0.	0.	0.	
KEITH REINHARD TRUSTEE	1.00	X					0.	0.	0.	
LINDA G. ROBERTS TRUSTEE	.50	X					0.	0.	0.	
SUSAN SOLOMON TRUSTEE	.50	X					0.	0.	0.	
RICHARD STEADMAN TRUSTEE	.50	X					0.	0.	0.	
MERYL TISCH TRUSTEE	.50	X					0.	0.	0.	
ELLEN WARTELLA TRUSTEE	1.00	X					0.	0.	0.	
DEBORAH C. WRIGHT TRUSTEE	.50	X					0.	0.	0.	
GARY KNELL PRESIDENT & CEO	50.00	X		X			684,144.	0.	62,578.	
H. MELVIN MING CHIEF OPERATING OFFICER	50.00			X			447,885.	0.	53,615.	
TERRENCE FITZPATRICK EXECUTIVE VP, DISTRIBUTION	50.00			X			351,007.	0.	42,002.	
SHERRIE ROLLINS-WESTIN EVP, CHIEF MARKETING OFFICER	50.00			X			346,224.	0.	68,643.	
DANIEL VICTOR EVP, INTERNATIONAL PROJECTS	50.00			X			311,737.	0.	55,278.	
<b>1b Total</b> CONTINUED AT SCHEDULE J-2							6,223,542.	0.	860,848.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **133**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **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? If "Yes," complete Schedule J for such individual **X**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **X**

	Yes	No
3		X
4	X	
5		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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **28**

**Part VIII Statement of Revenue**

13-2655731

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	11,134.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,126,245.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	7,968,918.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	31,555,192.				
	<b>g</b> Noncash contributions included in lines 1a-1f. \$ . . . . .						
	<b>h</b> Total. Add lines 1a-1f . . . . .			41,661,489.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b> CONTENT DISTRIBUTION		900099	27,517,153.	27,368,904.	148,249.	
	<b>b</b> MEDIA PRODUCTION		900099	2,373,214.	2,373,214.		
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g</b> Total. Add lines 2a-2f . . . . .			29,890,367.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			571,557.		227,100.	344,457.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			44,984,003.			44,984,003.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .						
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .			3,998,059.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			3,589,822.			
	<b>c</b> Gain or (loss) . . . . .			408,237.			
	<b>d</b> Net gain or (loss) . . . . .			408,237.		36,325.	371,912.
	<b>8a</b> Gross income from fundraising events (not including \$ 2,126,245. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		127,500.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		515,980.			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-388,480.			-388,480.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		16,855,835.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		3,376,595.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			13,479,240.	13,479,240.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e</b> Total. Add lines 11a-11d . . . . .			0.				
<b>12</b> Total Revenue. See instructions . . . . .			130,606,413.	43,221,358.	411,674.	45,311,892.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	309,526.	309,526.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,295,178.	4,547,644.	253,566.	493,968.
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 . . . . .	40,573,673.	31,234,510.	7,095,475.	2,243,688.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,085,949.	2,180,946.	731,412.	173,591.
9 Other employee benefits . . . . .	2,743,363.	2,204,487.	319,196.	219,680.
10 Payroll taxes . . . . .	2,534,454.	2,097,496.	288,528.	148,430.
11 Fees for services (non-employees):				
a Management . . . . .	33,774.			33,774.
b Legal . . . . .	997,660.	911,812.	83,930.	1,918.
c Accounting . . . . .	530,211.	170,312.	359,899.	
d Lobbying . . . . .	41,182.		41,182.	
e Professional fundraising services. See Part IV, line 17 . . . . .	119,705.			119,705.
f Investment management fees . . . . .	266,353.		266,353.	
g Other . . . . .	28,925,691.	27,753,786.	1,055,866.	116,039.
12 Advertising and promotion . . . . .	1,921,723.	1,841,318.	29,905.	50,500.
13 Office expenses . . . . .	5,336,886.	4,587,025.	529,196.	220,665.
14 Information technology . . . . .	7,541,361.	6,644,621.	210,905.	685,835.
15 Royalties . . . . .	1,527,184.	1,349,205.		177,979.
16 Occupancy . . . . .	8,067,406.	6,735,516.	920,717.	411,173.
17 Travel . . . . .	2,593,082.	2,125,813.	319,117.	148,152.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	367,114.	332,735.	34,379.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	10,185,337.	9,528,543.	481,387.	175,407.
23 Insurance . . . . .	429,409.	356,515.	36,410.	36,484.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BAD DEBT EXPENSE</u> . . . . .	3,586,021.	3,586,021.		
b <u>TAXES</u> . . . . .	233,446.	176,411.	57,035.	
c <u>MISCELLANEOUS</u> . . . . .	182,169.	87,805.	77,861.	16,503.
d <u>DISTRIBUTION EXPENSES</u> . . . . .	2,569,699.	2,569,699.		
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	129,997,556.	111,331,746.	13,192,319.	5,473,491.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	21,380,496.	2 48,664,435.
	3	Pledges and grants receivable, net	8,203,714.	3 15,729,083.
	4	Accounts receivable, net	32,339,882.	4 25,565,900.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	1,384,573.	8 1,491,224.
	9	Prepaid expenses and deferred charges	14,936,324.	9 12,238,432.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,983,622.	
	b	Less: accumulated depreciation	10b 15,111,995.	10c 5,871,627.
	11	Investments - publicly traded securities	38,507,798.	11 46,148,888.
	12	Investments - other securities. See Part IV, line 11	49,899,721.	12 36,043,908.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets	78,862,460.	14 71,917,900.
	15	Other assets. See Part IV, line 11	134,669,858.	15 135,400,305.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	388,908,394.	16 399,071,702.	
Liabilities	17	Accounts payable and accrued expenses	27,129,323.	17 26,104,856.
	18	Grants payable		18
	19	Deferred revenue	19,028,323.	19 21,835,709.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	46,157,646.	26 47,940,565.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	330,750,112.	27 335,195,515.
	28	Temporarily restricted net assets	12,000,636.	28 15,935,622.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, 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	<b>Total net assets or fund balances</b>	342,750,748.	33 351,131,137.	
34	<b>Total liabilities and net assets/fund balances</b>	388,908,394.	34 399,071,702.	

**Part XI Financial Statements and Reporting**

- 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? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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	

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**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,910,160.	33,972,937.	37,486,159.	43,363,801.	41,661,489.	178,394,546.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3. . . . .	21,910,160.	33,972,937.	37,486,159.	43,363,801.	41,661,489.	178,394,546.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						4,645,170.
6 Public support. Subtract line 5 from line 4.						173,749,376.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	21,910,160.	33,972,937.	37,486,159.	43,363,801.	41,661,489.	178,394,546.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	47,678,343.	53,329,121.	52,706,024.	51,773,398.	45,328,460.	250,815,346.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	240,203.	596,620.	1,449,994.	-726,195.	411,674.	1,972,296.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						431,182,188.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	209,158,805.
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 . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	40.30%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	38.55%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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.) . . . . .						

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**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.) . . . . .						
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 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

**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.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**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 payments were made. 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-

**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.  
 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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	41,182.													
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .	41,182.													
d	Other exempt purpose expenditures . . . . .	111,290,564.													
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	111,331,746.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i	Subtract line 1f from line 1c. If zero or less, enter -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 instructions for lines 2a through 2f on page 4.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				(e) Total	
	(a) 2006	(b) 2007	(c) 2008	(d) 2009		
2 a	Lobbying non-taxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
c	Total lobbying expenditures		137,237.	41,415.	41,182.	219,834.
d	Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f	Grassroots lobbying expenditures	0.	0.	0.	0.	0.

Schedule C (Form 990 or 990-EZ) 2009

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Part IV** Supplemental Information (continued)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 . . . . .					

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2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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 . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		12,834,050.	9,751,624.	3,082,426.
d Equipment . . . . .		6,543,241.	4,378,944.	2,164,297.
e Other . . . . .		1,606,331.	981,427.	624,904.
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b> . . . . . ▶				5,871,627.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

FIN 48 FOOTNOTE - ASC 740: INCOME TAXES.

PART X, LINE 2.

THE COMPANY IS A SECTION 501(C)(3) ORGANIZATION INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL AND NEW YORK STATE INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF THE NEW YORK STATE TAX CODE.

ON JULY 1, 2009, THE COMPANY ADOPTED ACCOUNTING STANDARDS CODIFICATION ("ASC") 740 "INCOME TAXES.". ASC 740 REQUIRES THAT A TAX PROVISION BE RECOGNIZED OR DERECOGNIZED BASED ON A " MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE AN IMPACT ON THE COMPANY'S CONSOLIDATED FINANCIAL STATEMENTS, AS MANAGEMENT BELIEVES THAT THERE ARE NO UNCERTAIN TAX PROVISIONS WITHIN ITS CONSOLIDATED FINANCIAL STATEMENTS.

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**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SESAME WORKSHOP

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2009**

Open To Public  
Inspection

Employer identification number

13-2655731

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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 ten 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 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			
WGBH EDUCATIONAL FOUNDATION	SPONSORSHIP SOLICITATN		X	1,806,522.	91,892.	1,714,630.
OCTAGON, INC	SPONSORSHIP SOLICITATN		X	278,125.	27,813.	250,312.
<b>Total</b>				2,084,647.	119,705.	1,964,942.

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

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,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
	GALA (event type)	NONE (event type)	0 (total number)	
<b>Revenue</b>				
1 Gross receipts	2,253,745.			2,253,745.
2 Less: Charitable contributions	2,126,245.			2,126,245.
3 Gross income (line 1 minus line 2)	127,500.			127,500.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	55,000.			55,000.
7 Food and beverages	116,114.			116,114.
8 Entertainment	117,103.			117,103.
9 Other direct expenses	227,763.			227,763.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 515,980.)
11 Net income summary. Combine line 3, column (d), and line 10				-388,480.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
8 Net gaming income summary. Combine line 1, column d, and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? **9a**

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

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **10a**

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

11 Does the organization operate gaming activities with nonmembers? **11**

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? **12**

	Yes	No
9a		
10a		
11		
12		

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ _____		
	Address ▶ _____		
<b>15 a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</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 ▶ \$ _____		

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

THE AGREEMENT WITH THE RECIPIENT STIPULATES THAT THE RECIPIENT SHALL PROVIDE MONTHLY STATEMENTS TO SESAME WORKSHOP DURING THE TERM SHOWING ALL COSTS INCURRED DURING THE PRECEDING MONTH IN ACCORDANCE WITH THE PROJECT BUDGET, IN AN APPROVED FORMAT AND WITH INVOICES SUPPORTING THE EXPENSES. ALSO A SURECIPIENT OF A FEDERAL GOVERNMENT AWARD IS SUBJECT TO THE OMB CIRCULAR A-133 AUDIT.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

CARNEGIE MELLON UNIVERSITY

PART II, LINE 1 COLUMN H

THE PURPOSE OF THE GRANT IS TO ENGAGE CARNEGIE MELLON UNIVERSITY TO COLLABORATE WITH SESAME WORKSHOP TO PERFORM CERTAIN ACTIVITIES AND PROVIDE CERTAIN INTELLECTUAL PROPERTY IN REGARD TO "THE ELECTRIC COMPANY INTERGENERATIONAL GAME " PROJECT.



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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SETTING.

UNIVERSITY OF SOUTHERN CALIFORNIA

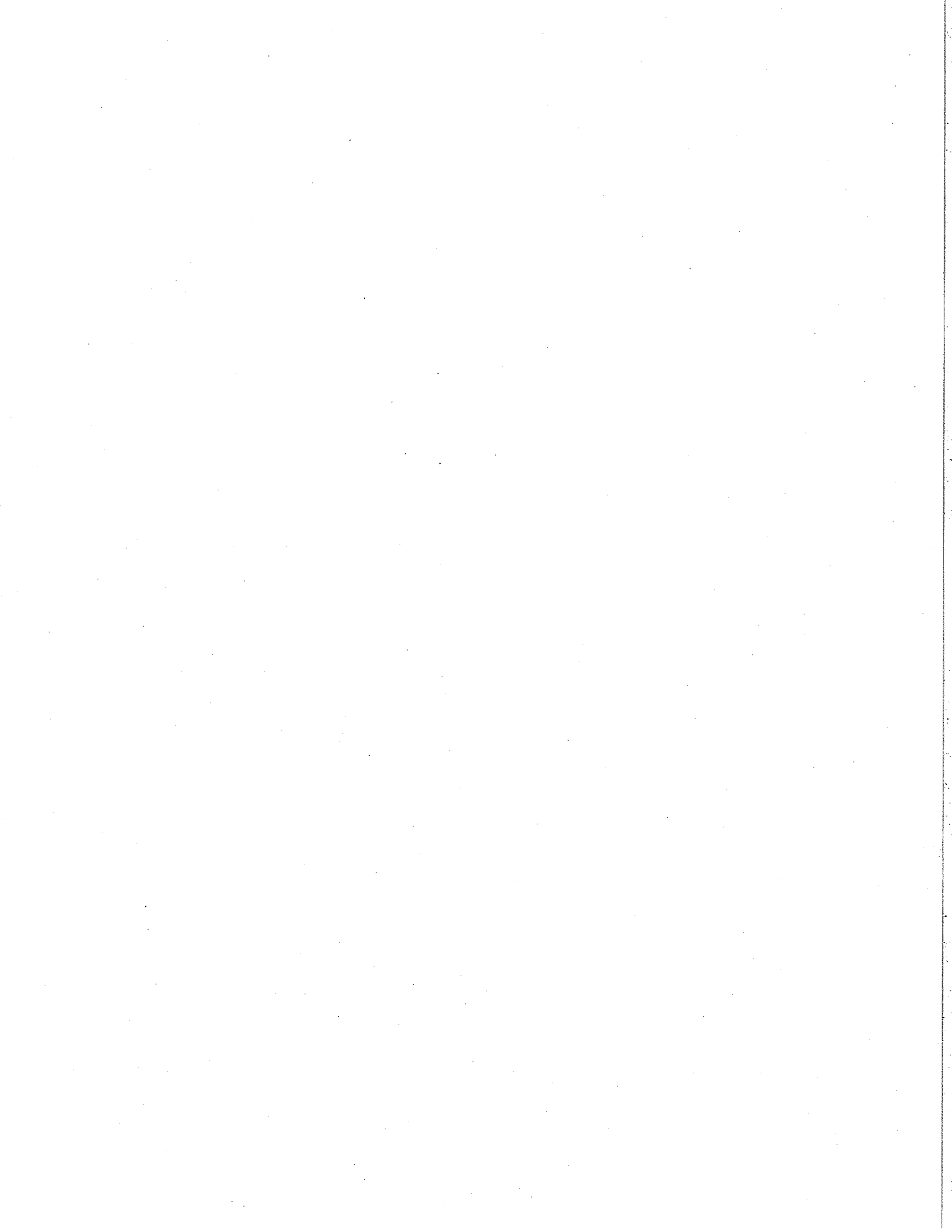
PART II, LINE 1 COLUMN H

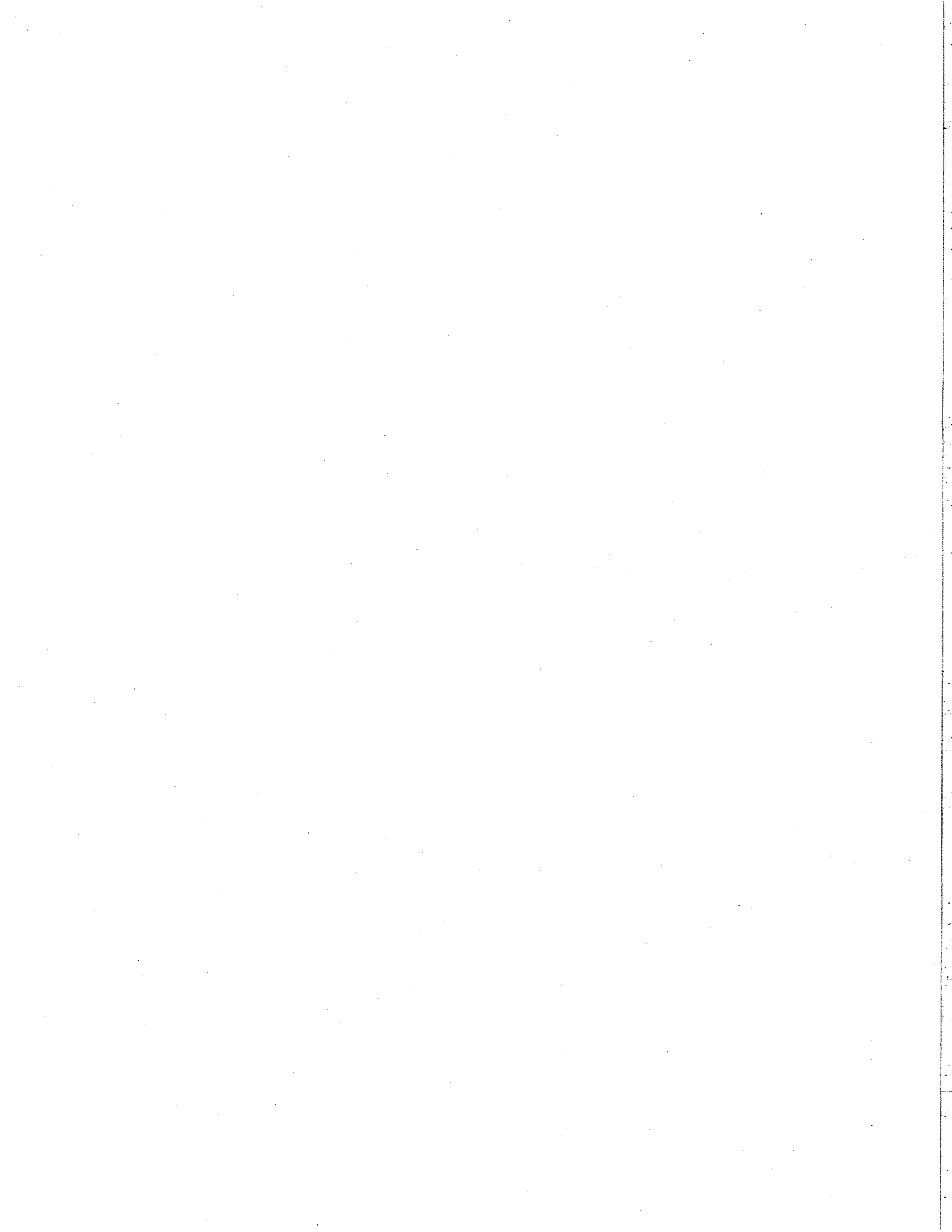
THE PURPOSE OF THE GRANT IS TO DEVELOP AN INNOVATIVE, INTERACTIVE

LITERACY GAME DEVELOPMENT PROJECT. THIS PROJECT WILL RESULT IN A PLAYABLE

PROTOTYPE, THE ELECTRIC COMPANY MENTORING GAME THAT WILL ENGAGE 6-7 YEAR

OLDS AND THEIR 10-11 YEAR OLD MENTORS USING THE ELECTRIC COMPANY CONTENT.





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization  
SESAME WORKSHOP

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 in 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 (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GARY KNELL	(i) 538,593 (ii) 0 (iii) 98,628	46,923	0	35,085	27,493	746,722	60,000
H. MELVIN MING	(i) 387,474 (ii) 0 (iii) 29,430	30,981	0	34,287	19,328	501,500	0
TERRENCE FITZPATRICK	(i) 304,743 (ii) 0 (iii) 28,629	22,635	0	33,684	8,318	393,009	0
SHERRIE ROLLINS-WESTIN	(i) 299,607 (ii) 0 (iii) 28,605	23,012	0	33,752	34,891	414,867	0
DANIEL VICTOR	(i) 288,595 (ii) 0 (iii) 23,142	0	0	29,769	25,509	367,015	0
SUSAN KOLAR	(i) 253,900 (ii) 0 (iii) 23,419	18,531	0	33,396	28,963	358,209	0
LEWIS BERNSTEIN	(i) 253,020 (ii) 0 (iii) 26,123	18,531	0	33,296	29,844	360,814	0
MIRANDA BARRY	(i) 246,623 (ii) 0 (iii) 24,563	18,077	0	29,506	12,938	331,707	0
MYUNG KANG-HUNEKE	(i) 235,400 (ii) 0 (iii) 16,962	18,462	0	33,141	9,331	313,296	0
DARYL MINTZ	(i) 208,482 (ii) 0 (iii) 29,932	16,154	0	29,683	16,314	284,565	0
CAROL-LYNN PARENTE	(i) 231,142 (ii) 0 (iii) 17,267	17,115	0	33,141	8,793	307,458	0
MAURA REGAN	(i) 226,071 (ii) 0 (iii) 20,256	15,577	0	33,141	29,403	324,448	0
SCOTT CHAMBERS	(i) 189,337 (ii) 0 (iii) 16,945	11,154	0	27,689	22,151	267,276	0
JOSEPH MAZZARINO	(i) 643,789 (ii) 0 (iii) 0	15,000	0	0	0	658,789	0
ANITA STEWART	(i) 147,169 (ii) 0 (iii) 15,994	107,784	0	21,372	2,208	294,527	0
CAROLL SPINNEY	(i) 236,213 (ii) 0 (iii) 18,932	0	0	11,142	16,221	282,508	0

**Part III Supplemental Information**

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

NONQUALIFIED RETIREMENT PLAN

LINE 4B

THE 2009 COMPENSATION PACKAGE OF GARY KNELL, PRESIDENT AND CEO, INCLUDES

\$ 72,475 INCLUDING INTEREST OF \$12,475, WHICH REPRESENTS A PAYOUT OF A

2006 AWARD DEFERRED UNDER THE IRC PLAN 457(F). THE \$60,000 REPORTED IN

COLUMN F REPRESENTS THE ORIGINAL AWARD REFLECTED IN THE 2006 WIRS FORM

990.

COMPENSATION CONTINGENT ON REVENUES

PART I LINE 5A

THE VICE-PRESIDENT OF CORPORATE SPONSORSHIP DOES NOT PARTICIPATE IN THE ORGANIZATION'S TARGETED INCENTIVE PROGRAM; INSTEAD, SHE RECEIVED HER BASE

COMPENSATION PLUS A COMMISSION BASED ON CORPORATE SPONSORSHIP'S OBTAINED DURING THE FISCAL YEAR.

THIS COMMISSION PLAN WAS TERMINATED EFFECTIVE NOVEMBER 2010.

**Part III Supplemental Information**

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

NON- FIXED PAYMENTS

PART I, LINE 7

SESAME WORKSHOP MAINTAINS A TARGETED INCENTIVE PROGRAM FOR WHICH ALL FULL TIME STAFF EMPLOYEES ARE ELIGIBLE, OTHER THAN THOSE ON COMMISSION PLANS.

THE TARGET AMOUNT OF EACH EMPLOYEE'S INCENTIVE COMPENSATION IS BASED ON A COMBINATION OF JOB LEVEL, INDIVIDUAL PERFORMANCE, DEPARTMENTAL PERFORMANCE AND COMPANY 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.

SEVERANCE PAYMENT

PART I, LINE 4A

DANIEL VICTOR, OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$ 84,135 DURING THE CURRENT TAX YEAR.

JERALD HARVEY, HIGHEST COMPENSATED EMPLOYEE, RECEIVED A SEVERANCE PAYMENT OF \$ 125,408 DURING THE CURRENT TAX YEAR.







SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

SESAME WORKSHOP

Employer identification number

13-2655731

ATTACHMENT 1

PROCESS FOR REVIEWING FORM 990

PART VI, SECTION B, LINE 11A

THE FORM 990 IS PREPARED AND REVIEWED BY SESAME WORKSHOP'S INTERNAL FINANCE DEPARTMENT. A SECONDARY REVIEW IS DONE BY THE CEO, THE GENERAL COUNSEL, OUTSIDE TAX COUNSEL AND INDEPENDENT ACCOUNTANTS. SUBSEQUENTLY, THE 990 IS CIRCULATED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT.

COMPLIANCE WITH THE CONFLICT OF INTEREST

PART VI SECTION B, LINE 12C

**TAXPAYER COPY**

ALL BOARD MEMBERS, OFFICERS, AND MANAGERS 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 AUDIT COMMITTEE OF THE BOARD AND THE GENERAL COUNSEL/SECRETARY TO THE BOARD. 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.

PROCESS FOR REVIEW OF COMPENSATION

PART VI SECTION B; LINES 15A AND 15B

EACH YEAR, THE PERSONNEL & COMPENSATION COMMITTEE OF THE BOARD - COMPRISED OF INDEPENDENT TRUSTEES - REVIEWS THE ORGANIZATION'S

Name of the organization  
SESAME WORKSHOP

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13-2655731

ATTACHMENT 1 (CONT'D)

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 THE FOR-PROFIT SECTORS. WITH  
RESPECT TO THE CEO AND THE COO POSITIONS, THE COMMITTEE TAKES INTO  
CONSIDERATION ONLY THE COMPARABILITY DATA IN THE NOT-FOR-PROFIT SECTOR.  
IN ADDITION, THE COMMITTEE TAKES INTO CONSIDERATION THE INTERNAL VALUE OF  
THE POSITIONS, INCLUDING SCOPE OF RESPONSIBILITY AND EXPERTISE REQUIRED.  
AT THE COMMITTEE MEETING, THE ANNUAL JOB PERFORMANCE REVIEWS FOR EACH  
OFFICER AND KEY EMPLOYEE ARE DISCUSSED 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 MEASURED THROUGH A DETAILED SURVEY  
COMPLETED BY THE MEMBERS OF THE BOARD. THE DELIBERATIONS AND DECISIONS OF  
THE PERSONNEL & COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.  
AT THE FOLLOWING BOARD MEETING, THE PERSONNEL & COMPENSATION COMMITTEE  
REPORTS ON ITS ACTIONS AND FURTHER INFORMATION MAY BE PROVIDED TO THE  
FULL BOARD OF TRUSTEES.

HOW SESAME WORKSHOP'S DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.

PART VI, SECTION C, LINE 19

SESAME WORKSHOP'S FORM 990 IS AVAILABLE ON ITS WEBSITE  
([HTTP://SUPPORTUS.SESAMEWORKSHOP.ORG](http://supportus.sesameworkshop.org)) AS IS ITS ANNUAL REPORT, WHICH  
INCORPORATES AN EXTRACT FROM SESAME WORKSHOP'S AUDITED FINANCIAL  
STATEMENTS. A FULL COPY OF THE AUDITED FINANCIAL STATEMENTS IS AVAILABLE

Name of the organization

SESAME WORKSHOP

Employer identification number

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ATTACHMENT 1 (CONT'D)

UPON REQUEST FROM THE OFFICE OF THE CHIEF FINANCIAL OFFICER. IN ADDITION,  
 THE FORM 990 IS AVAILABLE AT GUIDESTAR.COM. SESAME WORKSHOP'S GOVERNING  
 DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN  
 REQUEST.

PROGRAM SERVICES EXPENSES

PART IX LINE 11G, COLUMN B

OTHER EXPENSES ARE MAINLY PAYMENTS TO THIRD PARTY FOR PRODUCTION SERVICES  
 FOR SESAME WORKSHOP TELEVISION PROGRAMS.

ATTACHMENT 2

## 4A PROGRAM SERVICE

MASS DISTRIBUTION OF EDUCATIONAL CONTENT.

**TAXPAYER COPY**

SESAME WORKSHOP CREATES EDUCATIONAL CONTENT FOR CHILDREN AGES 2-10  
 AND DISTRIBUTES THAT CONTENT IN THE US AND AROUND THE WORLD  
 THROUGH ALL AVAILABLE MEDIA PLATFORMS INCLUDING TELEVISION, RADIO,  
 PRINT, ONLINE, DIGITAL PLATFORMS, HOME ENTERTAINMENT AND LICENSED  
 PRODUCTS. SESAME WORKSHOP IS MOST WELL KNOWN FOR THE PRE-SCHOOL  
 PROGRAM SESAME STREET WHICH BROADCAST ITS 40TH SEASON ON THE  
 PUBLIC BROADCASTING SERVICE (PBS) IN THE 2009 TAX YEAR. SESAME  
 WORKSHOP DOMESTICALLY PRODUCED 26 NEW ONE HOUR EPISODES IN 2009.  
 THE PUBLIC BROADCASTING SERVICE IS AVAILABLE IN 98% OF HOUSEHOLDS  
 WITH TELEVISIONS IN THE UNITED STATES. IN ADDITION TO THE PBS  
 BROADCAST, SESAME STREET VIDEOS, INTERACTIVE GAMES AND OTHER  
 EDUCATIONAL CONTENT IS AVAILABLE ON WWW.SESAMESTREET.ORG AND  
 WWW.PBSKIDS.ORG. IN JUNE 2010, OVER 2.5 MILLION PEOPLE ACCESSED

Name of the organization  
SESAME WORKSHOP

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13-2655731

FORM 990, PART III - PROGRAM SERVICES

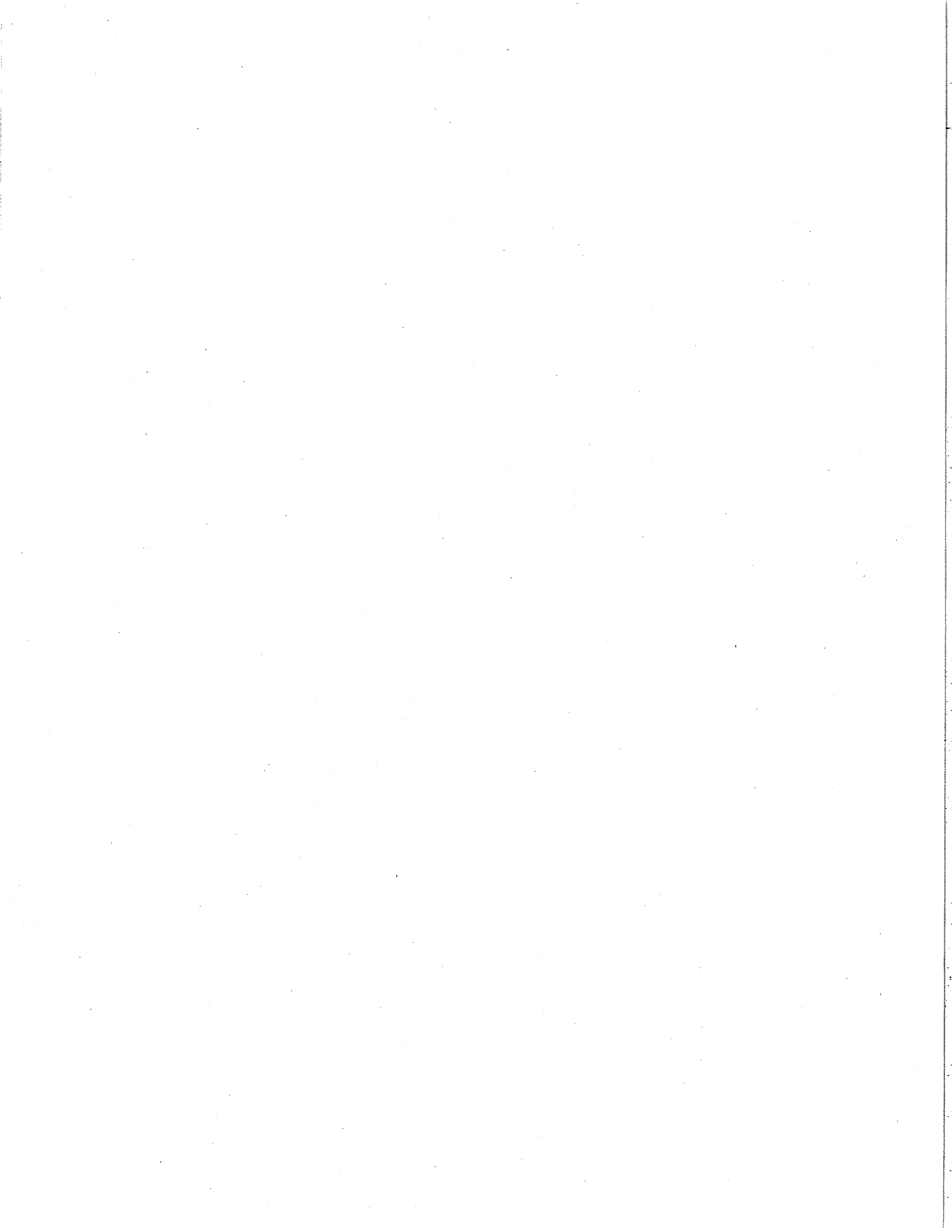
ATTACHMENT 2 (CONT'D)

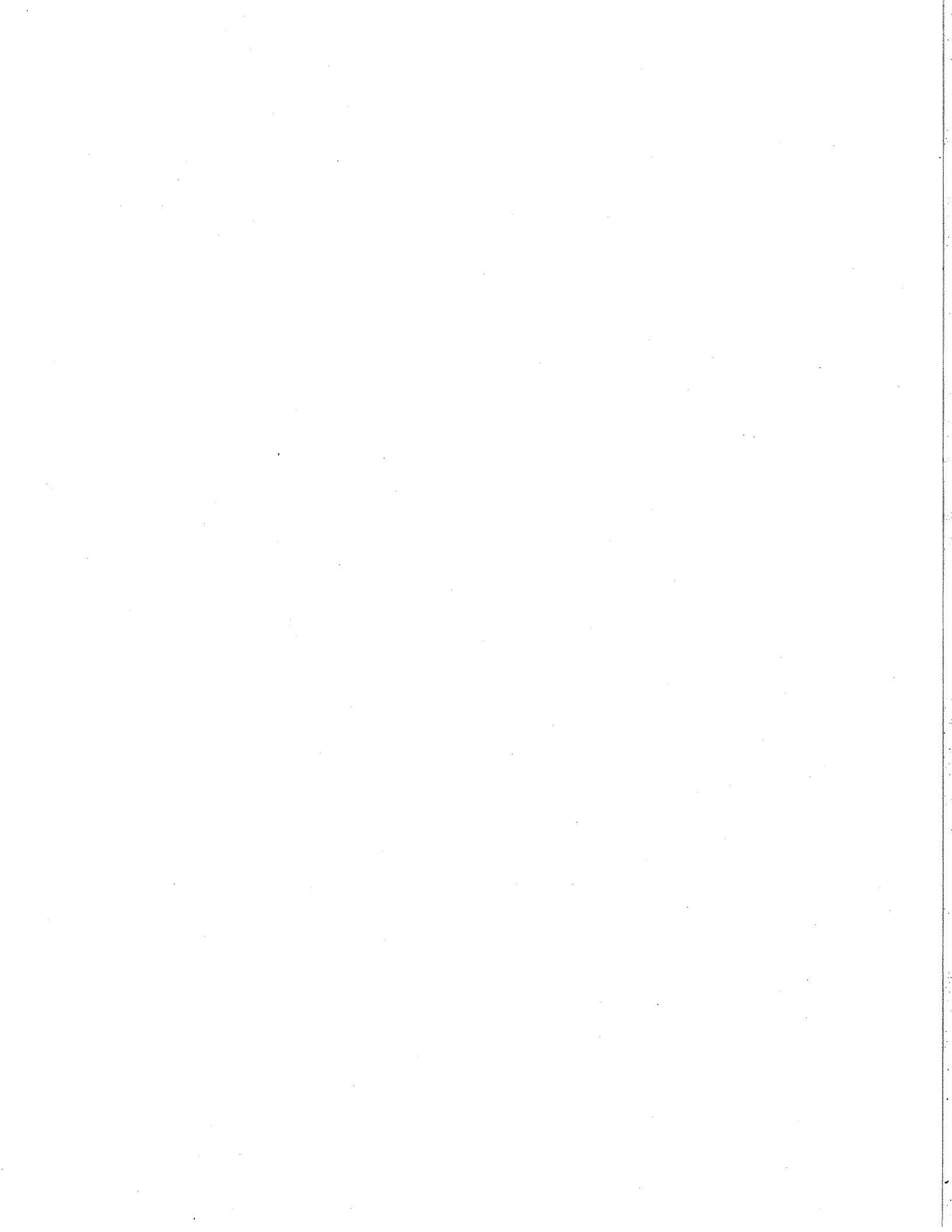
SESAME STREET CONTENT ONLINE AND ALMOST 6.1 MILLION WATCHED SESAME STREET ON PBS. SESAME WORKSHOP ENHANCES THE EDUCATIONAL EXPERIENCE OF SESAME STREET THROUGH THE DISTRIBUTION OF ITS CONTENT IN PRINT, CABLE TELEVISION, DVD'S, LIVE SHOWS, THEME PARKS AND DIGITAL PLATFORMS AS WELL AS THROUGH THE LICENSING OF ITS CHARACTERS AND BRAND. THE US VERSION OF SESAME STREET, DUBBED INTO LOCAL LANGUAGES, IS SEEN IN CERTAIN COUNTRIES THROUGH DISTRIBUTION AGREEMENTS WITH LOCAL PUBLIC AND COMMERCIAL BROADCASTERS. IN 2009, SESAME WORKSHOP PRODUCED AND DISTRIBUTED THE ELECTRIC COMPANY, A NEW PROGRAM FOCUSED ON BUILDING LITERACY SKILLS IN CHILDREN AGES 6-9. SESAME WORKSHOP PRODUCED 40 HALF HOUR TELEVISION EPISODES WHICH BROADCAST ON PBS AS WELL AS WWW.PBSKIDS.ORG. IN ADDITION, THE ELECTRIC COMPANY OUTREACH DISTRIBUTED 234,280 MAGAZINES AND 140,900 EDUCATOR KITS COLLECTIVELY SERVING 3.8 MILLION CHILDREN. ALSO 20 FREE COMMUNITY LITERACY EVENTS WERE EXECUTED TO OVER 7,500 PARTICIPANTS.

ATTACHMENT 3

4B PROGRAM SERVICE

TARGETED THEMED EDUCATIONAL INITIATIVES. SESAME WORKSHOP CREATES AND DISTRIBUTES MULTI-MEDIA EDUCATIONAL MATERIALS THAT ARE TARGETED TO SPECIFIC AUDIENCES OR THAT ADDRESS SPECIFIC EDUCATIONAL NEEDS. TWO SIGNIFICANT NEW INITIATIVES WERE LAUNCHED IN THE 2009 TAX YEAR. THE FIRST ONE WAS TALK, LISTEN,





Name of the organization  
SESAME WORKSHOP

Employer identification number  
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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

CONNECT: WHEN FAMILIES GRIEVE, THE THIRD PHASE OF THE WORKSHOP'S MILITARY OUTREACH PROGRAM LAUNCHED INITIALLY IN 2006. THE INITIATIVE PROVIDES SUPPORT AND OFFERS SIGNIFICANT RESOURCES FOR MILITARY FAMILIES WITH YOUNG CHILDREN EXPERIENCING THE EFFECTS OF DEPLOYMENTS, MULTIPLE DEPLOYMENTS, WHEN A PARENT RETURNS HOME CHANGED DUE TO A COMBAT RELATED INJURY OR THE LOSS OF A PARENT. THE RESOURCES CONSISTED OF A BILINGUAL MULTIMEDIA OUTREACH KIT WITH DVDS FOR CHILDREN AND ADULTS STARRING THE MUPPETS FROM SESAME STREET, PRINT MATERIALS FOR CHILDREN, PARENTS AND CAREGIVERS AND FACILITATORS AND POSTCARDS FEATURING THE SESAME STREET CHARACTERS FOR PARENTS AND CHILDREN TO STAY CONNECTED. SESAME WORKSHOP PRODUCED AND DISTRIBUTED 389,420 KITS AT NO COST TO INDIVIDUAL FAMILIES, SCHOOLS, CHILD CARE PROGRAMS, FAMILY SUPPORT PROGRAMS, HOSPITALS AND REHABILITATION CENTERS AND OTHER ORGANIZATIONS SERVING THE NEEDS OF MILITARY FAMILIES. THE SECOND INITIATIVE WAS FAMILIES STAND TOGETHER. IN TODAY'S ECONOMIC CLIMATE, APPROXIMATELY TWO OUT OF THREE MIDDLE CLASS FAMILIES ARE AT HIGH RISK OF LOSING THEIR ECONOMIC SECURITY. TO HELP FAMILIES COPE WITH THESE CHALLENGING ECONOMIC TIMES, SESAME WORKSHOP, WITH THE GENEROUS SUPPORT OF THE CORPORATION FOR PUBLIC BROADCASTING, PRESENTED FAMILIES STAND TOGETHER, A BILINGUAL (ENGLISH AND SPANISH) OUTREACH INITIATIVE WITH USEFUL STRATEGIES AND

TAXPAYER COPY

Name of the organization  
SESAME WORKSHOP

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

INFORMATION TO HELP FAMILIES TALK, COME TOGETHER, AND REACH OUT FOR SUPPORT. AS PART OF THIS INITIATIVE, SESAME WORKSHOP HAS PRODUCED A NEW PRIMETIME SPECIAL DESIGNED FOR FAMILIES WITH CHILDREN AGES 2-8. BEYOND THE PRIMETIME SPECIAL, SESAME WORKSHOP EXTENDS THE INITIATIVE BY PROVIDING ADDITIONAL RESOURCES ONLINE, IN PRINT, AND INTO LOCAL COMMUNITIES TO HELP GUIDE FAMILIES DURING THESE TOUGH TIMES. SESAME WORKSHOP PARTNERED WITH PBS STATIONS AND COMMUNITY ORGANIZATIONS IN 32 KEY MARKETS TO PROMOTE LOCAL SCREENINGS AND TO DELIVER 200,000 BILINGUAL EDUCATIONAL OUTREACH KITS NATIONWIDE. THE MATERIALS CONSIST OF A BILINGUAL DVD FEATURING VIDEO CLIPS FROM THE PRIMETIME SPECIAL, A PRINTED CHILDREN'S STORY, AND A PARENT/CAREGIVER GUIDE PROVIDING POSITIVE STRATEGIES TO HELP FAMILIES COPE WITH THE FEELINGS AND STRESSES DURING ECONOMIC INSECURITY.

ATTACHMENT 4

4C PROGRAM SERVICE

INTERNATIONAL ADAPTATIONS OF SESAME STREET SESAME WORKSHOP PARTNERS WITH LOCAL EXPERTS, INCLUDING EDUCATORS, DONORS, MEDIA ORGANIZATIONS, GOVERNMENTS AND NGOS, TO DEVELOP AND PRODUCE ADAPTATIONS OF SESAME STREET THAT ARE TAILORED TO MEET THE EDUCATIONAL NEEDS OF A PARTICULAR COUNTRY OR REGION. FOR EXAMPLE, PROJECTS IN KOSOVO, NORTHERN IRELAND AND THE MIDDLE EAST FOCUS ON CONFLICT RESOLUTION, WHILE GIRLS' EDUCATION IS ADDRESSED IN EGYPT

Name of the organization  
SESAME WORKSHOP

Employer identification number  
13-2655731

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

AND HEALTH AND HYGIENE IN BANGLADESH AND COLOMBIA. SESAME WORKSHOP ALSO PROVIDES TECHNICAL TRAINING TO LOCAL ORGANIZATIONS TO BUILD CAPACITY IN EDUCATIONAL PROGRAMMING AND USING MEDIA TO DELIVER EDUCATIONAL CONTENT. OVER ITS 40 YEAR HISTORY SESAME WORKSHOP HAS PRODUCED LOCAL ADAPTATIONS IN MORE THAN 30 COUNTRIES AROUND THE WORLD. INTERNATIONAL PROJECTS MAY CONSIST OF MULTIPLE DISTRIBUTION PLATFORMS, DEPENDING ON THE NEEDS OF THE SPECIFIC TERRITORY, INCLUDING TELEVISION, RADIO, PRINT, DIGITAL, COMMUNITY VIEWING AND OUTREACH ACTIVITIES. IN THE 2009 TAX YEAR, SESAME WORKSHOP DELIVERED NEW CONTENT IN A NUMBER OF COUNTRIES INCLUDING BANGLADESH, COLOMBIA, GERMANY, INDIA, INDONESIA, THE NETHERLANDS, NIGERIA, SOUTH AFRICA, TANZANIA AND TURKEY. IN ADDITION, EXISTING MATERIALS CONTINUED TO BE BROADCAST AND DISTRIBUTED IN THE ARAB GULF, BRAZIL, EGYPT, ISRAEL, JORDAN, MEXICO, NORTHERN IRELAND AND THE WEST BANK AND GAZA STRIP.

ATTACHMENT 5

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 6

Name of the organization  
SESAME WORKSHOPEmployer identification number  
13-2655731

ATTACHMENT 6 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LOOKALIKE PRODUCTIONS II INC. 23 OLD KINGS HWY SO., SUITE 200 DARIEN, CT 06820	TV PRODUCTION SVCES	1,812,614.
GOLD ZEBRA COMMUNICATIONS, LTD 7 HARUGEI MALCHUT ST. 69714 TEL-AVIV ISRAEL	TV PRODUCTION SVCES	1,868,612.
SONY DADC 1800 N FRUITRIDGE AVENUE TERRE HAUTE, IN 47804	DVD DUPLICATION	1,752,479.
PICTORIAL OFFSET CORPORATION PO BOX 23875 NEWARK, NJ 07189-0875	PRINTING MATERIALS	2,820,166.
BAERHANDS THEATER AND TELEVISION INC. PO BOX 102 RHINECLIFF, NY 12574	TV PRODUCTION SVCES	1,882,965.
<b>TOTAL COMPENSATION</b>		<u>10,136,836.</u>

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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.)

Table with columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner?

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.)

Table with columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership.

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
<b>2</b> 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.			
<b>(1)</b>	SESAME STREET INC	K, M, N	134,128.
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 07/01, 2009, and ending 06/30, 2010

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

# 2009

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**SESAME WORKSHOP**

Employer identification number

**13-2655731**

Name and title of officer

**DARYL MINTZ, VP & CFO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>130606413</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP  
ERO firm name

to enter my PIN

2	6	4	3	1
---	---	---	---	---

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

5/11/10

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

1	3	0	3	7	2	3	6	6	0	5
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

5/11/10

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

<b>Cumulative e-File History 2009</b>	
<b>FED</b>	
Locator:	04239X
Taxpayer Name:	SESAME WORKSHOP
Return Type:	990
Submitted Date:	05/13/2011 10:41:37
Acknowledgement Date:	05/13/2011 11:00:48
Status:	Accepted
Submission ID:	1303722011133500000