# THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC. Form 990 for the Year Ended June 30, 2021 Public Disclosure Copy

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

JUL 1, 2020

and ending JUN 30, 2021

Open to Public Inspection

В	Check if applicable	C Name of organization			D Employer i	dentific	ation number								
	Addre	THE JOAN GANZ COONEY CENTER FOR													
	chang		NC.												
	chang Initial				20-878										
	return Final	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Telephone ( 212-595										
	return/ termin ated	_	ZID and familiar and all and a				2,933,932.								
	Amend	, , , , , , , , , , , , , , , , , , , ,	ZIP or foreign postal code		G Gross receipts										
	return Applic	·	A PT DD P C T ON		H(a) Is this a g										
	tion pendir	F Name and address of principal officer: MICHA	AED FRESION		for subord										
_	<del>-</del>		(incomb no.) 40.47(a)(4)		H(b) Are all subor										
		empt status: X 501(c)(3) 501(c)( ) te: WWW.JOANGANZCOONEYCENTER.ORG		or 527	1 ′		list. See instructions								
			ssociation Other	1 Voor	of formation: 200		State of legal domicile: DE								
		Summary	SSOCIATION OTHER	L feat	oi ioiiiialioii. 200	3 /   IVI	State of legal doffliche, 22								
	1	Briefly describe the organization's mission or most	significant activities: OUR MI	SSION IS	TO CATALYZE	&									
Governance		SUPPORT RESEARCH IN DIGITAL MEDIA TO ADVANCE CHILDREN'S LEARNING.													
rna	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.													
o Ve	3	Number of voting members of the governing body	. 3	8											
		Number of independent voting members of the gov	verning body (Part VI, line 1b)			. 4	6								
90	5	Total number of individuals employed in calendar y	rear 2020 (Part V, line 2a)			. 5	0								
Activities &	6	Total number of volunteers (estimate if necessary)			6	0									
Ę	7 a	Total unrelated business revenue from Part VIII, co					0.								
_	b	Net unrelated business taxable income from Form			. 7b	0.									
				Prior Year		Current Year									
ď	8	Contributions and grants (Part VIII, line 1h)				0.	1,000.								
Revenue	9	Program service revenue (Part VIII, line 2g)		173	,572.	400,777.									
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		-66	,200.	2,330,274.								
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		1	,018.	0.									
	12	Total revenue - add lines 8 through 11 (must equal		108	,390.	2,732,051.									
	13	Grants and similar amounts paid (Part IX, column (		23	,553.	0.									
	14	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.								
y.	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		1,111	,382.	924,145.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ine 11e)			0.	0.								
Ď	ь	Total fundraising expenses (Part IX, column (D), line	e 25)   115 ,	,157.											
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			,608.	525,621.								
	18	Total expenses. Add lines 13-17 (must equal Part I)	X, column (A), line 25)		1,543		1,449,766.								
_	19	Revenue less expenses. Subtract line 18 from line	12		-1,435	,153.	1,282,285.								
or				Ве	ginning of Curren		End of Year								
Assets o	ਰੂ 20	Total assets (Part X, line 16)			23,865		29,362,307.								
t As	=	Total liabilities (Part X, line 26)			3,967	_	4,179,870.								
Net,		Net assets or fund balances. Subtract line 21 from	line 20		19,897	,584.	25,182,437.								
	art II	Signature Block	:			-4 -4 ····	Imposite days and halfaf it is								
		Ities of perjury, I declare that I have examined this return,				-	knowledge and beller, it is								
tiut	,	t, and complete. Declaration of preparer (other than office	i) is based oil all lillottilation of w	ilicii preparei	ilas ally kilowieug	JG.									
Sig	ın	Signature of officer			Date										
He		JOSEPH SALVO, EVP/GENERAL COUNSEL	ı												
110		Type or print name and title													
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN								
Pai	d	SCOTT THOMPSETT		Į į	if self-employe	P00741490									
	parer	Firm's name GRANT THORNTON LLP	I	Firm's EIN ▶ 36-6055558											
	Only	THIN CHANGE	The state of the s												
	•	NEW YORK, NY 10017-2013	Phone no.212-599-0100												
Ma	y the IF	RS discuss this return with the preparer shown abo	ve? See instructions		, ,		X Yes No								
	001 12-2			ons.			Form <b>990</b> (2020)								

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.								
Autom	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).								
	•		,	s, REMICs	s, and trusts						
must us	e Form 7004 to request an extension of time to file income	e tax retur	ns.								
Type or	Name of exempt organization or other filer, see instruction of the JOAN GANZ COONEY CENTER FOR	ctions.		Taxpayer	identification numb	er (TIN)					
	EDUCATIONAL MEDIA AND RESEARCH, INC.				20-8783702						
due date fo filing your	Number, street, and room or suite no. If a P.O. box, so 1900 BROADWAY	ee instruct	ions.								
instructions	NEW YORK, NY 10023										
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1					
Form 990 or Form 990-EZ         01         Form 990-T (corporation)         0           Form 990-BL         02         Form 1041-A         0											
						Code					
			` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			07					
THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  1900 BROADWAY  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10023  Enter the Return Code for the return that this application is for (file a separate application for each return)  Application  Return Ser Form 990 or Form 990-EZ  Form 990-BL  Form 990-BL  Form 4720 (individual)  Form 990-PF  O4 Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)  05 Form 6069				08							
	•		· ·			10					
Form 990 or Form 990-EZ         01         Form 990-T (corporation)         0           Form 990-BL         02         Form 1041-A         0           Form 4720 (individual)         03         Form 4720 (other than individual)         0           Form 990-PF         04         Form 5227         1           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069         1           Form 990-T (trust other than above)         06         Form 8870         1           KENNETH LAU - CONTROLLER         1900 BROADWAY - NEW YORK, NY 10023         1           Telephone No. ►         212-595-3456         Fax No. ►         212-875-6116           If the organization does not have an office or place of business in the United States, check this box         ►						11					
						12					
Telep If the	hone No.   212-595-3456  organization does not have an office or place of business is for a Group Return, enter the organization's four digit (	in the Uni Group Exe	Fax No. ► 212-875-6116  ited States, check this box  mption Number (GEN)	If this is fo	r the whole group, o						
the	e organization named above. The extension is for the orga  calendar year or  x tax year beginningJUL 1, 2020	anization's	return for: d endingJUN_30 , 2021			ırn for					
	Change in accounting period										
	• •	or 6069, 6	enter the tentative tax, less			•					
				3a	\$	0.					
	his application is for Forms 990-PF, 990-T, 4720, or 6069			0.	<b>6</b>	0.					
	timated tax payments made. Include any prior year overp Ilance due. Subtract line 3b from line 3a. Include your pa			3b	<b>\$</b>	<u> </u>					
	il <b>ance due.</b> Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See	,	, , ,	3c	\$	0.					
	: If you are going to make an electronic funds withdrawal										
instruction	, , ,	, an cor der	5.5, 4.10 1 5.111 5550, 355 1 51111 5	.55 25 21		Paymont					

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

Form 8868 (Rev. 1-2020)

	1990 (2020) EDUCATIONAL MEDIA AND RESEARCH, INC.	20-8783702	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE JOAN GANZ COONEY CENTER IS AN INDEPENDENT RESEARCH AND INNOVATION		
	LAB THAT CATALYZES AND SUPPORTS RESEARCH, DEVELOPMENT, AND INVESTMENT		
	IN DIGITAL MEDIA TECHNOLOGIES TO ADVANCE CHILDREN'S LEARNING. (SEE		
	SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,010,429. including grants of \$) (Revenue	e\$	0,777 <b>.</b> )
	IN FY21 WE BEGAN REFOCUSING THE COONEY CENTER ON DESIGNING WITH AND FOR		
	KIDS TO PRIORITIZE CHILDREN'S BEST INTERESTS IN THE DESIGN AND		
	DEVELOPMENT OF THE TECHNOLOGY AND MEDIA PRODUCTS THEY USE, TO MOBILIZE		
	RESEARCH AND RESEARCH-BASED APPROACHES TO DESIGN, AND TO INCLUDE		
	CHILDREN AND YOUNG PEOPLE AS CO-DESIGNERS IN THE INNOVATION PROCESS.  THIS FOCUS ADDRESSES A GAP WE IDENTIFIED IN OUR MARKET RESEARCH AND AN		
	OPPORTUNITY TO CONNECT OUR SERVICE AND COMMUNITY-BUILDING WORK ACROSS		
	INITIATIVES: PUBLIC MEDIA INNOVATION, CHILD-CENTERED DESIGN FOR		
	INNOVATORS, AND DIGITAL WELL BEING. (SEE SCHEDULE O)		
	TRICVITORS, THE PICTURE WHILE BRING. (BHE BEINDONE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	)
1.5	(Code) (Expenses #) (Nevertheless)		′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 1,010,429.		100 :
		Form 🕏	90 (2020)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza	, ,	40-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	- V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	5			

032003 12-23-20

# Form 990 (2020) EDUCATIONAL MEDIA AND RESEATION Checklist of Required Schedules (continued)

	, ,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	
24a	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	040		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	556		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N <sub>C</sub>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
	Enter the number reported in Box 3 of Form 1090. Enter 40- in not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

Page 5

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

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, bed of the calendar year ending with or within the year covered by the return  b If at least one is reported on line 2a, did the organization file all required federal employment fair, returns?  Note: If this cum of lines it and 2a is greater than 260, you may be required to 6-rile (see instructions)  3b If Ves. Thas It filed a form 990° Tor this year? If Veo You fair all speakers of the year?  3a It was the required to 6-rile (see instructions)  3b If Ves. Thas It filed a form 990° Tor this year? If Veo You fine 30, provide an explanation on Schedule 0  3c In Vers. Thas It filed a form 990° Tor this year? If Veo You fine 30, provide an explanation on Schedule 0  3c In Vers. Thas It filed a foreign country such as a bank account, accountes in consumer on Schedule 0  3c In Year You filed the name of the foreign country year. If the regardization have in the rest in or a significant or order authority over, a financial accountry or the financial accountry?  5c In Year You filed the name of the foreign country year.  5c In Year You filed the name of the foreign country year.  5c In Year You filed the name of the organization that it was or is a party to a prohibeted tax shelter transaction?  5c In Year You filed to so or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction?  5c In Year You filed to so or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction?  5c In Year You filed to so or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction?  5c In Year You filed the organization that it was or is a party to a prohibeted tax shelter transaction?  5c In Year You filed the organization include with every solicitation an express statement that such contributions orginized the organization solicit any contributions organization and the organization solicit any operation solicit any operation solicit any operation s					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bit the organization have unrelated business gross is some of \$1,000 or more during the year?  30 bit the organization have unrelated business gross is some of \$1,000 or more during the year?  30 bit 1" Yes, "has it filed a form 990°1 for this year? If Vol* to line 3b, provide an explanation on Schedule 0  30 bit 1" Yes, "has it filed a form 990°1 for this year? If Vol* to line 3b, provide an explanation on Schedule 0  30 bit 1" Yes, "an extended the organization for the organization on Schedule 0  30 bit 1" Yes, "an extended the organization for the organization have an interest in, or a significant or of the authority over, a financial account in a foreign country Schedule organization and the organization have an interest in, or a significant or of the authority over, a financial accounts (FBAR).  50 bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and any time during the tax year?  51 bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  52 bit 1" Yes," of line 5 as 75 bit, diff the organization that it was or is a party to a prohibited tax shelter transaction or sold the organization solloid any contributions that were not tax deductible?  53 bit 1" Yes," of line 5 as 75 bit, diff the organization file 6 more allowed with every solicitation an expesse statement that such contributions or gifts were not tax deductible?  54 bit the organization state were evided to the organization file or generation that the organization solicit in an expesse statement that such contributions or gifts were not tax deductible?  55 bit 1" Yes," of the organization sell with the organization sell or sell-generation organization sell-generation sell-g	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e_file_fee instructions]  3a		filed for the calendar year ending with or within the year covered by this return	<b>2a</b>			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filled a Form 990-T for this year? If "No" to fire 30, provide an explaration on Schedule O  4a At any time during the calendary 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).  5 if "Yes," expanization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction?  5 to If "Yes' to line 5 aor 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 to If "Yes' to line 5 aor 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 to If "Yes' to line 5 aor 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 to If "Yes' to line 5 aor 50, did the organization the form 88861" and your contributions that were not tax deductible a charitable contributions under section 170(c).  6 b If "Yes', did the organization include with every solicitation an exposes statement that such contributions or grits were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes', did the organization noteity the donor of the value of the goods or services provided?  9 b If "Yes', did the organization noteity the donor of the value of the goods or services provided?  10 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor?  10 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? fied during the year  10 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
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4a A 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)?  5b If Yes, "enter the name of the foreign country ▶  5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes's to line Sar of Sh, diff the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes's to line Sar of Sh, diff the organization file Form 1886-17?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If Yes's to line 5ar of Sh, diff the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "did the organization nority the donor of the value of the goods or services provided?  7d Organizations that may receive apariment in excess of \$75 made partly as contribution and partly for goods and services provided to the part of the organization or the value of the goods or services provided?  7d If Yes, "indicate the number of Forms 8282 filed during the year  7 If If Yes, "indicate the number of Forms 8282 filed during the year  8 If Yes, "indicate the number of Forms 8282 filed during the year  9 If Yes, "indicate the number of Forms 8282 filed during the year  10 Did the organization received a contribution of curis. The organization file Form 8298 as required?  11 If the organization received an contribution of crass, boats, singlating, or other	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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b if "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization that we so that so we shelter transaction at any time during the tax year?  So Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  So If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?  So If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?  To roganizations that may receive deductible contributions under section 170(c).  But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To If "Yes," did the organization neceive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To If "Yes," did the organization neceive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To If "Yes," and include the number of Forms 8282 field during the year  If "Yes," and include the qualified intellection of tangible personal property for which it was required  to file Form 8282?  To If "Yes," and include the qualified intellectual property, did the organization file Form 899 as required?  To If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  To If the organization have excess business holdings at any time duri	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  10 Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders  b Gross income from embers or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  13a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," has either payment(s) during the year?			•	70		x
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X				13		
	16		income?	16		х

Page 6

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	,	12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
a		15b		х
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		44
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		l
17 10	List the states with which a copy of this Form 990 is required to be filed NY  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T. (Section 501(c)/3)	o oply	ava:la	hlc
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	1 6	اماد	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inand	Jial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KENNETH LAU - CONTROLLER - 212-595-3456			
	1900 BROADWAY , NEW YORK, NY 10023			

### Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

INC.

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

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

Check this box if neither the organization n		orga T	niza			nper	nsate			
(A)	(B)			() Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more than one			Reportable	Reportable	Estimated
	hours per week	box offi	ox, unless person is both an officer and a director/trustee)				n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	om p				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	<u>n</u>	SL.	#0	Ke	ig e	For			
(1) JEFFREY DUNN (THRU 6/30/2021)	2,00	ł							4 000 007	64 500
DIRECTOR	50.00	Х						0.	1,090,227.	61,582.
(2) STEPHEN YOUNGWOOD	0.50	ł		l					660 671	00.444
DIRECTOR/CEO	50.00	Х	_	Х				0.	662,671.	28,414.
(3) SHERRIE ROLLINS WESTIN	0.50	١							640 400	21 004
DIRECTOR/PRESIDENT SESAME WORKSHOP	50.00	Х		Х				0.	649,499.	31,894.
(4) JOSEPH SALVO	2.00	-		,,					406 376	66 530
SECRETARY  (F) DARKI MINING	50.00			Х				0.	496,376.	66,539.
(5) DARYL MINTZ	50.00	1		ļ				0	466 770	71 700
TREASURER (6) MICHAEL PRESTON	<del>                                     </del>			Х				0.	466,770.	71,700.
EXECUTIVE DIRECTOR JGC CENTER	0.00	-		х				0.	220 200	64 001
(7) LORI TAKEUCHI (THRU 8/3/2020)	50.00			^				0.	328,290.	64,881.
DEPUTY DIRECTOR & HEAD OF RESEARCH	0.00	1				x		0.	114,430.	18,229.
(8) JOAN GANZ COONEY	0.50					<u> </u>		· · · · · · · · · · · · · · · · · · ·	114,430.	10,225.
DIRECTOR	1.00	х						0.	0.	0.
(9) MICHAEL LEVINE	0.50								•	
DIRECTOR	0.00	х						0.	0.	0.
(10) LLOYD MORRISETT	0.50									
DIRECTOR	0.50	х						0.	0.	0.
(11) ESTEBAN SOSNIK (AS OF 10/2020)	0.50									
DIRECTOR	0.00	х						0.	0.	0.
(12) ELLEN WARTELLA (AS OF 10/2020)	0.50									
DIRECTOR	0.00	х						0.	0.	0.
									-	
		1								
		1								
		1								
		1								

Form 990										20-878	3702	F	Page 8	
Part VI	Section A. Officers, Directors, Trus		loy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	offic	not cl	ss per	ition more son i	than of s both or/trus	an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensatior from related organizations		(F) Estimat amount other	of	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	compensation from the organization and related organizations		
1b Sul	ototal								0.	3,808,2	63.	343	,239.	
c Tot	al from continuation sheets to Part VI al (add lines 1b and 1c)	I, Section A							0.		0. ,808,263. 3			
2 Tot	al number of individuals (including but n						) wh	o re	eceived more than \$100,	, ,	<b>,</b>		0	
	the organization list any former officer,	director, truste	e, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No	
4 For	1a? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su	ım of reportable	е со	mpe	ensa	tion	and	oth	er compensation from t	ne organization		y X	Х	
<b>5</b> Did	related organizations greater than \$150 any person listed on line 1a receive or a dered to the organization? If "Yes." com	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services			х	
<b>1</b> Cor	B. Independent Contractors  nplete this table for your five highest co										ensation	from		
tile	organization. Report compensation for (A)  Name and business		NO		ig w	itire	JI WI		(B)  Description of s		Com	(C) pensatio	on	
<b>2</b> Tot	al number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$10	0,000 of compensation from the organiz	zation 🕨				(	0				Fo	m <b>990</b>	(2020)	

Pa	rt V	Ш	Statement of Re	venue					
			Check if Schedule O	contains a response	or note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
S S	1 :	a F	ederated campaigns	1a					300110113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts				1a 1b					
2 8			undraising events						
ifts, r A	Ì			1d					
nia	Ì		overnment grants (contr						
Sir			Il other contributions, gifts,						
ber j			milar amounts not included		1,000.				
Ę			oncash contributions included in		·				
Coa	ı	h To	otal. Add lines 1a-1f			1,000.			
					Business Code				
ė	2 :	a P1	ROGRAM SUPPORT		900099	400,777.	400,777.		
Program Service Revenue	1	b _							
Se		c _							
am eve	,	d _							
og. B	•	e _							
P.	1	fΑ	Il other program service	revenue					
	!	g T	otal. Add lines 2a-2f		<b>&gt;</b>	400,777.			
	3		vestment income (includ	•	· .				
			ther similar amounts)			1,916,734.			1,916,734.
	4		ncome from investment o		· •				
	5	R	oyalties						
	•	_		(i) Real	(ii) Personal				
			iross rents	6a					
			ess: rental expenses	6b					
			ental income or (loss)	(6c)					
			let rental income or (loss) ross amount from sales of	(i) Securities	(ii) Other				
	′ ′		ssets other than inventory	7a 615,421.	(ii) Strick				
			ess: cost or other basis	74					
ē			nd sales expenses	7b 201,881.					
enn			ain or (loss)	7c 413,540.					
Revenue			let gain or (loss)			413,540.			413,540.
ē			ross income from fundraisi						
O E				of					
		C	ontributions reported on	line 1c). See					
		P	art IV, line 18	8a					
	ı		ess: direct expenses						
	•	c N	let income or (loss) from	fundraising events	<b>&gt;</b>				
	9 :		fross income from gamin						
			art IV, line 19						
			ess: direct expenses						
			let income or (loss) from		·····				
	10		iross sales of inventory, I	<b> </b>					
			nd allowances						
			ess: cost of goods sold		-				
	- '	c N	et income or (loss) from	sales of inventory	Business Code				
sn		_			Dusiness Code				
eo.	11 :	_							
Miscellaneous Revenue		р _							
Sce		C _	Il other revenue						
Σ			otal. Add lines 11a-11d						
	12		otal revenue. See instruction			2,732,051.	400,777.	0.	2,330,274.

032009 12-23-20

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 378,279 245,881. 56,742. 75,656. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 327,763. 38,560 385,603. 19,280. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 155,101 131,836 15,510 7,755. 9 Other employee benefits 5,162. 4,388 516 258. 10 Payroll taxes Fees for services (nonemployees): 56,442 56,442 Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 132,208 132,208 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 234,600 211,717 15,255 7,628. column (A) amount, list line 11g expenses on Sch O.) 355 355 12 Advertising and promotion 1,315 155 77. 1,547. 13 Office expenses 46,588 39,600. 4,659 2,329. Information technology ..... 14 Royalties 15 2,042. 40,836 34,710. 4,084 16 Occupancy 491 417 49 25. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization ..... 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MISCELLANEOUS 5,947. 5,947. HONORARIUMS 4,460 4,460. 2,147. 2,040. REGISTRATION FEES 107. С d All other expenses е 115,157. Total functional expenses. Add lines 1 through 24e 1,449,766 1,010,429 324,180 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

# Form 990 (2020) Part X Balance Sheet

Par	τX	Balance Sneet					
		Check if Schedule O contains a response or r	note to	any line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			109,656.	2	39,75
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			204,005.	4	87,00
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of the	these pe	ersons		5	
	6	Loans and other receivables from other disqu	ualified	persons (as defined			
		under section 4958(f)(1)), and persons describ	ibed in s	section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10	)a			
	b	Less: accumulated depreciation	10	)b		10c	
	11	Investments - publicly traded securities		11	4,952,32		
	12	Investments - other securities. See Part IV, lin	23,551,764.	12	24,283,22		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e				16	29,362,30
	17	Accounts payable and accrued expenses	29,453.	17	76,14		
	18	Grants payable		18			
	19	Deferred revenue	88,752.	19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ပ္ပ	22	Loans and other payables to any current or for	former o	fficer, director,			
IIIe		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
Liabilities		controlled entity or family member of any of the	these pe	ersons		22	
ב	23	Secured mortgages and notes payable to unr	related	third parties		23	
	24	Unsecured notes and loans payable to unrela	ated thi	rd parties		24	
	25	Other liabilities (including federal income tax,	, payabl	es to related third			
		parties, and other liabilities not included on lin	ines 17-	24). Complete Part X			
		of Schedule D			3,849,636.	25	4,103,723
	26	Total liabilities. Add lines 17 through 25			3,967,841.	26	4,179,87
		Organizations that follow FASB ASC 958, o	check h	nere 🕨 🗓			
sec		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			19,897,584.	27	25,182,43
ра	28	Net assets with donor restrictions				28	
n L		Organizations that do not follow FASB ASC					
֡֝֝ <u>֚֚֚</u>		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	nds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated	d incom	e, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			19,897,584.	32	25,182,43
	33	Total liabilities and net assets/fund balances			23,865,425.	33	29,362,307

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,051.
2	Total expenses (must equal Part IX, column (A), line 25)	2			766.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	282,	285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,584.
5	Net unrealized gains (losses) on investments	5	4,	002,	568.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	25,	182,	437.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JOAN GANZ COONEY CENTER FOR

EDUCATIONAL MEDIA AND RESEARCH, INC.

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).

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

ramotheman's mitogration, or	,		.99			
f Enter the number of supported of	organizations					
g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						
	·	·			·	·

Schedule A (Form 990 or 990-EZ) 2020 EDUCATIONAL MEDIA AND RESEARCH, INC.

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,310,415.	4,559.	0.	0.	1,000.	7,315,974.
2	Tax revenues levied for the organ-						
	ization'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	7,310,415.	4,559.			1,000.	7,315,974.
	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)						5,660,219.
6	Public support. Subtract line 5 from line 4.						1,655,755.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7,310,415.	4,559.	(0) = 0.10	(4,) = 0.10	1,000.	7,315,974.
	Gross income from interest,	, ,	,			,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,543.	669.	61,257.	33,466.	1,916,734.	2,015,669.
9	Net income from unrelated business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 - 7 - 7 - 7	, , , , , , , , , , , , , , , , , , , ,		
3	activities, whether or not the						
	business is regularly carried on	7,805.					7,805.
10	Other income. Do not include gain	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.,
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9,339,448.
12	Gross receipts from related activities,	oto (soo instructio	ne)			12	579,697.
13	<b>First 5 years.</b> If the Form 990 is for the	· · · · · · · · · · · · · · · · · · ·		with or fifth tay w			
10	organization, check this box and <b>stor</b>			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I			olumn (f))		14	17.73 %
15	Public support percentage from 2019					15	33.88 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o		-				
	and <b>stop here.</b> The organization qual					······	
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		viriow the digame	▶ □
h	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets the	-					2,5 01
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization						
0	ato roundationi ii tile organizatio	and the cricent a i	557 511 mile 10, 10a	, , JD, , , a, O, 17D,	, cricon triis box ai	14 300 HIGHAULIONS	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EDUCATIONAL MEDIA AND RESEARCH, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 organ- ization'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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
l	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					T T	
	Public support percentage for 2020 (I			column (f))		15	<u>%</u>
<u>16</u>	Public support percentage from 2019					16	54.71 %
	ction D. Computation of Inves			10 1 (5)			
	Investment income percentage for 20					17	9.64 %
18	, ,					18	- 70
198	a 33 1/3% support tests - 2020. If the						
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						▶□

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
За		
3b		
0-		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
Ol-		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization expected for the benefit of any supported organization other than the supported.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	20		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
b	trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2020 EDUCATIONAL MEDIA AND RESEARCH, INC.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EDUCATIONAL MEDIA AND RESEARCH, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions		•	Ţ	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 EDUCATIONAL MEDIA AND RESEARCH, INC.	20-8783702	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section ', Section B, line 1e; Pa	n C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	nai information.	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

Schedule D (Form 990) 2020

OMB No. 1545-0047

Name of the organization

THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.

**Employer identification number** 20 - 8783702

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
D :	organization's accounting for conservation easements.	A de life de de la Terre de la Colonia	lea d'arila de ante
Pal	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB AS	<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		<b>▶</b> \$

032051 12-01-20

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

Par	τIII	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	
3		the organization's acquisition, accession								'	ĺ	
	collec	ction items (check all that apply):										
а		Public exhibition	d	ı 🔲 I	Loan or exc	hange prograi	m					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provid	de a description of the organization's co	ollections and explain	how the	ey further th	ne organization	n's exem	pt purpo	ose in Part	XIII.		
5	During	g the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other	r similar a	assets		_	_	_
		sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	Form 99	0, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par										
1a		organization an agent, trustee, custodi								٦.,		٦
_		orm 990, Part X?							L	Yes		_ No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
										Amoun	t	—
C	-	ining balance						1c				
a		ions during the year										
e		butions during the year						- 1				
f 22		g balance ne organization include an amount on Fo						1f		Yes		No
		s," explain the arrangement in Part XIII.						•			H	
Par		Endowment Funds. Complete i										
		Complete	(a) Current year		rior year	(c) Two years			years back	(e) Fou	r vears	hack
1a	Begin	ning of year balance	(a) carrone your	(2)	nor your	(C) The your	S BUOK	<b>u</b> j 111100	youro buon	(5) 1 54	youro	buon
b		ibutions										
c		envestment earnings, gains, and losses										
d		s or scholarships										
е		expenditures for facilities										
		orograms										
f		nistrative expenses										
g		of year balance										
2	Provid	de the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)	) held as:						
а	Board	d designated or quasi-endowment		_%								
b	Perma	anent endowment 🕨	%									
С	Term	endowment >	%									
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	nere endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administere	ed for the	organiz	ation			
	by:										Yes	No
		nrelated organizations								3a(i)		<u> </u>
		elated organizations								3a(ii)		<u> </u>
b		s" on line 3a(ii), are the related organiza								_3b		<u> </u>
4 Dar	Descr <b>'t VI</b>	ibe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment fu	unds.							
Fai	LVI			. David IV	:::::: 11 - O	Farma 000	David V. II	10				
		Complete if the organization answered								(a) Da a	ا دا د د د د د	
		Description of property	(a) Cost or o basis (investr			or other (other)	٠,	cumulat reciatior		( <b>d</b> ) Boo	k valu	e 
1a	Land											
b		ngs							_			
С	Lease	ehold improvements										
d	Equip	ment										
Total	I. Add I	<u>lines 1a through 1e. <i>(Column (d) must</i> e</u>	qual Form 990, Part	X, colum	n (B), line 1	0c.)			. •	_		0.

Schedule D (Form 990) 2020

20-8783702

EDUCATIONAL MEDIA AND RESEARCH, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year (I) Financial derivatives  (2) Closely held equity interests  (3) Other  (A) DIVERSIFIED INVESTMENTS  (B)  (C)  (D)  (E)  (F)  (G)  (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   (b) Book value  (c) Method of valuation: Cost or end-of-year value (I) Book value  (c) Method of valuation: Cost or end-of-year value (I) Book value  (d) Method of valuation: Cost or end-of-year value value (I) Book value  (e) Method of valuation: Cost or end-of-year value val	r market value
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) DIVERSIFIED INVESTMENTS (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	r market value
(2) Closely held equity interests (3) Other (A) DIVERSIFIED INVESTMENTS (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) > 24, 283, 228.  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) > Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(3) Other (A) DIVERSIFIED INVESTMENTS (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (b) Book value (c) Method of valuation: Cost or end-of-year (c) Method of valuation: Cost or end-of-year (c) Book value (d) Method of valuation: Cost or end-of-year (c) Method of valuati	
(A) DIVERSIFIED INVESTMENTS  (B)  (C)  (D)  (E)  (F)  (G)  (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 24 , 283 , 228 .  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost or end-of-year (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(C) (D) (E) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶ 24 , 283 , 228 .  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
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(3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
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(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
	) Book value
(1)	•
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b)	) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLE	4,103,721.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	4 102 501
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,103,721.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reportant organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in	uta tha

032053 12-01-20

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial	Statements with Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	e 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financia		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	9			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)	ine 18.)	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. ) rt XIII Supplemental Information.	ine 18.)	5	
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			t XI,
<b>Pa</b> ı Provi	rt XIII Supplemental Information.	and 4; Part IV, lines 1b and 2b; Pa		t XI,
<b>Pa</b> ı Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa		t XI,
<b>Pa</b> ı Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa		t XI,
Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa		t XI,
Provi lines PART	rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	and 4; Part IV, lines 1b and 2b; Pa de any additional information.		t XI,
Provi lines PART	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	and 4; Part IV, lines 1b and 2b; Pa de any additional information.		t XI,
Provi lines PART	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	and 4; Part IV, lines 1b and 2b; Pade any additional information.  DALONE AUDITED		t XI,
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PART THE FINA CONS BELC STAT	Table 1 Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, LINE 2:  JOAN GANZ COONEY CENTER DOES NOT RECEIVE ITS OWN STANDANCIAL STATEMENTS. THE JOAN GANZ COONEY CENTER IS INCLUDATED FINANCIAL STATEMENTS OF ITS PARENT, SESAME WOW FIN-48 FOOTNOTE IS REPRODUCED FROM THE CONSOLIDATED SEMENTS.  COMPANY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING CAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN IN A TAX REPORT OF TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAX POS	and 4; Part IV, lines 1b and 2b; Pade any additional information.  DALONE AUDITED  UDED WITHIN THE  ORKSHOP. THE  FINANCIAL  G FOR UNCERTAINTY  ETURN, INCLUDING		t XI,
PART THE FINA CONS BELC STAT	The company of the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, LINE 2:  JOAN GANZ COONEY CENTER DOES NOT RECEIVE ITS OWN STAN ANCIAL STATEMENTS. THE JOAN GANZ COONEY CENTER IS INCLESCIPLED FINANCIAL STATEMENTS OF ITS PARENT, SESAME WOW FIN-48 FOOTNOTE IS REPRODUCED FROM THE CONSOLIDATED SEMENTS.	and 4; Part IV, lines 1b and 2b; Pade any additional information.  DALONE AUDITED  UDED WITHIN THE  ORKSHOP. THE  FINANCIAL  G FOR UNCERTAINTY  ETURN, INCLUDING		t XI,
PART THE CONS STAT THE IN T	THE XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the part to provide the part XIII included the part 2:  JOAN GANZ COONEY CENTER DOES NOT RECEIVE ITS OWN STAN ANCIAL STATEMENTS. THE JOAN GANZ COONEY CENTER IS INCLUDED TO SETAMENT OF THE PARENT, SESAME WE WE FIN-48 FOOTNOTE IS REPRODUCED FROM THE CONSOLIDATED TO SEMENTS.  COMPANY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING THE PROPERTY OF THE PARENT OF THE	and 4; Part IV, lines 1b and 2b; Pade any additional information.  DALONE AUDITED  UDED WITHIN THE  ORKSHOP. THE  FINANCIAL  G FOR UNCERTAINTY  ETURN, INCLUDING		t XI,
PART THE CONS STAT THE IN T	Table 1 Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, LINE 2:  JOAN GANZ COONEY CENTER DOES NOT RECEIVE ITS OWN STANDANCIAL STATEMENTS. THE JOAN GANZ COONEY CENTER IS INCLUDATED FINANCIAL STATEMENTS OF ITS PARENT, SESAME WOW FIN-48 FOOTNOTE IS REPRODUCED FROM THE CONSOLIDATED SEMENTS.  COMPANY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING CAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN IN A TAX REPORT OF TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX REPORT OF TAX POSITIONS TAX POS	and 4; Part IV, lines 1b and 2b; Pade any additional information.  DALONE AUDITED  UDED WITHIN THE  ORKSHOP. THE  FINANCIAL  G FOR UNCERTAINTY  ETURN, INCLUDING		t XI,

OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND

IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX

EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE COMPANY

HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT

REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL

STATEMENTS. IN ADDITION, THE COMPANY HAS NOT RECORDED A PROVISION FOR

INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS

INCOME ACTIVITIES.

Schedule D (Form 990) 2020

20-8783702

Page 5

# SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE JOAN GANZ COONEY CENTER FOR

EDUCATIONAL MEDIA AND RESEARCH, INC.

**Employer identification number** 

20-8783702 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.						
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,							
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
	The grantests single-into the grantes of absolution, and the solicetion enterial about to award the grantes of absolutions:							
2	For grantmakers Dece	rihe in Dart V tha	organization's	procedures for monitoring the use of its	grants and other assistance out	side the		
~		ווטכווו רמונ ע נוופ	organization S	orocedures for mornitoring the use of its	grants and other assistance out	olue li le		
_	United States.							
3				an be duplicated if additional space is no		(4) T-1-1		
	(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures		
		offices	agents, and independent contractors	(by type) (such as, fundraising, pro-	is a program service,	for and		
		in the region	independent	gram services, investments, grants to	describe specific type	investments		
			in the region	recipients located in the region)	of service(s) in the region	in the region		
CENT	RAL AMERICA AND							
	CARIBBEAN	0	0	INVESTMENTS		24,283,228.		
. 1111	OTHER DEPTH			LITTED THERETO		124,203,220.		
						+		
3 2	Subtotal	0	0			24,283,228.		
	Total from continuation							
D		0	0			0		
	sheets to Part I					0.		
С	Totals (add lines 3a		_			04 000 000		
	and 3b)	0	0			24,283,228.		

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the t			I		I
exempt 501(c)(3) orga  3 Enter total number of			or counsel has provided a sect			<b>&gt;</b>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

### Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

**2020** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.

Employer identification number 20-8783702

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

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation			Derients	(6)(1)(0)	reported as deferred on prior Form 990	
(1) JEFFREY DUNN (THRU 6/30/2021)	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	796,494.	285,780.	7,953.	28,500.	33,082.	1,151,809.	0.
(2) STEPHEN YOUNGWOOD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CEO	(ii)	496,025.	165,000.	1,646.	20,650.	7,764.	691,085.	0.
(3) SHERRIE ROLLINS WESTIN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/PRESIDENT SESAME WORKSHOP	(ii)	485,387.	160,050.	4,062.	28,492.	3,402.	681,393.	0.
(4) JOSEPH SALVO	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	366,823.	123,750.	5,803.	28,500.	38,039.	562,915.	0.
(5) DARYL MINTZ	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	348,401.	117,150.	1,219.	28,500.	43,200.	538,470.	0.
(6) MICHAEL PRESTON	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR JGC CENTER	(ii)	250,332.	77,250.	708.	21,681.	43,200.	393,171.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Fait III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
OF THE INDIVIDUAL'S REPORTED ON SCHEDULE J OF THE JOAN GANZ COONEY CENTER'S
FORM 990, ONLY THE EXECUTIVE DIRECTOR AND THE DEPUTY DIRECTOR EXCLUSIVELY
PROVIDE SERVICES TO THE CENTER (AND YET RECEIVE A W-2 FROM SESAME WORKSHOP,
ITS MEMBER ORGANIZATION). BOTH THE EXECUTIVE DIRECTOR
AND DEPUTY DIRECTOR PARTICIPATE IN SESAME WORKSHOP'S TARGETED INCENTIVE
PROGRAM, AS DO THE OTHER INDIVIDUALS REPORTED IN SCHEDULE J.
THE TARGETED INCENTIVE COMPENSATION AMOUNT REPORTED FOR EACH EMPLOYEE IS
BASED ON A COMBINATION OF JOB LEVEL, INDIVIDUAL PERFORMANCE AND COMPANY
PERFORMANCE. THE BOARD OF TRUSTEES OF SESAME WORKSHOP DETERMINES WHETHER
INCENTIVE COMPENSATION PAYMENTS WILL BE MADE FOR A GIVEN YEAR AND THE TOTAL
AMOUNT AVAILABLE FOR INCENTIVE COMPENSATION.

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.

Employer identification number 20-8783702

PART III LINE 1 - ORGANIZATION'S MISSION CONTINUED THE FOCUS OF THE COONEY CENTER IS ON LITERACY DEVELOPMENT FOR DIVERSE LEARNERS. PROGRAMS ADDRESS VITAL FOUNDATIONAL CAPABILITIES. SUCH AS READING, WITH A SPECIAL EMPHASIS ON THOSE STUDENTS WHO RISK EDUCATIONAL FAILURE IF THEY DO NOT MASTER BASIC COMPETENCIES BY GRADE 4. THE COONEY CENTER IS ALSO FOCUSING NATIONAL ATTENTION ON EVOLVING "NEW LITERACIES" THAT CHILDREN NEED TO COMPETE AND COOPERATE IN THE 21ST CENTURY. MAJOR INITIATIVES FOCUS ON INTER-CULTURAL UNDERSTANDING, MEDIA LITERACY, AND ADVANCING SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) LEARNING -- ALL OF WHICH HAVE BECOME CRITICAL IN AN INTERCONNECTED WORLD. FORM 990 PART III LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS: PUBLIC MEDIA INNOVATION WE COMPLETED PHASE 1 OF OUR MAJOR INITIATIVE "BY/WITH/FOR YOUTH: INSPIRING NEXT GEN PUBLIC MEDIA AUDIENCES, " IN A RESEARCH AND DEVELOPMENT PARTNERSHIP WITH THE CORPORATION FOR PUBLIC BROADCASTING TO SUPPORT THE PUBLIC MEDIA SECTOR AS IT EVOLVES TO ENGAGE TWEEN AND TEEN AUDIENCES. THE GOAL OF PHASE 1 WAS TO ESTABLISH A KNOWLEDGE BASE ABOUT YOUTH MEDIA PRACTICES AND THE OPPORTUNITY FOR PUBLIC MEDIA TO BETTER ENGAGE YOUNG PEOPLE AND MEET THEIR NEEDS AND INTERESTS IN WAYS THAT ARE DIFFERENTIATED FROM COMMERCIAL MEDIA. WE HIRED A TEAM OF THREE NEW SENIOR RESEARCH FELLOWS WHO BROUGHT EXPERTISE IN YOUTH MEDIA. NEW TECHNOLOGY PLATFORMS. AND COLLABORATIVE LEARNING NETWORKS. DUE TO THE

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  THE JOAN GANZ COONEY CENTER FOR  EDUCATIONAL MEDIA AND RESEARCH, INC.	Employer identification number 20-8783702
PANDEMIC, WE SHIFTED ALL PROGRAMMATIC ACTIVITIES ONLINE, WHICH IMPROVED	
THE PROJECT'S REACH BY INCREASING THE NUMBER OF PUBLIC MEDIA	
PARTICIPANTS IN OUR COMMUNITY BUILDING AND COLLABORATIVE DESIGN	
EFFORTS, AND THE NUMBER OF YOUTH PARTICIPANTS IN OUR RESEARCH STUDY.	
OUR RESEARCH TEAM CONDUCTED FOCUS GROUP INTERVIEWS WITH 50 DIVERSE	
YOUNG PEOPLE ACROSS THE COUNTRY TO FIND OUT WHAT KINDS OF MEDIA ARE	
YOUNG PEOPLE ENGAGING WITH, WHAT THEY THOUGHT ABOUT "PUBLIC MEDIA," AND	
THEIR IDEAS FOR WHAT THEY WOULD LIKE TO SEE. IN MAY 2021, WE PUBLISHED	
THE REPORT THE MISSING MIDDLE: REIMAGINING A FUTURE FOR TWEENS, TEENS,	
AND PUBLIC MEDIA.	
CHILD-CENTERED DESIGN FOR INNOVATORS	
IN FY21, WE BUILT AND TESTED A VARIETY OF INDUSTRY-FACING INITIATIVES	
INCLUDING AN APPLIED R&D SERVICE AND RESOURCES TO IMPROVE HOW PRODUCTS	
GET MADE FOR KIDS. WE COMPLETED A PILOT WITH A NYC-BASED EDTECH STARTUP	
OKO LABS WITH THE HELP OF TWO CONSULTANTS WHO SUPPORTED OUR RESEARCH	
AND DEVELOPMENT WORK. THE PURPOSE OF THIS PILOT WAS TO UNDERSTAND THE	
CAPACITY, RESOURCE, AND IP NEEDS TO COMPLETE CONSULTING WORK ON	
EARLY-STAGE TECH IDEAS. WE CONDUCTED A SERIES OF CO-DESIGN SESSIONS	
WITH KIDSTEAM (A RESEARCH LAB BASED AT THE UNIVERSITY OF WASHINGTON),	
WORKSHOPS WITH EXPERTS, A REVIEW OF SCHOLARSHIP ON THE SPACE, AND WE	
CREATED A CUSTOMIZED PROTOCOL WITH DESIGN PRINCIPLES FOR THE OKO LABS	
PRODUCT. WE ALSO ENGAGED WITH A VARIETY OF STAKEHOLDERS TO TEST	
ASSUMPTIONS AND GET FEEDBACK ON PARTNERSHIP MODELS. THROUGH INTERVIEWS,	
PITCHES, AND BRIEFS WE EXPLORED WHAT IT WOULD TAKE TO COLLABORATE WITH	
DELIVERY PARTNERS, LABS AND DESIGN STUDIOS, FUNDERS, COALITIONS, AND	
INDUSTRY ASSOCIATIONS. THEIR FEEDBACK HELPED SHAPE OUR DESIGN FOR A NEW	
KIND OF KID-CENTERED LAB WITH THE MISSION OF ADVANCING THE COLLECTIVE	

Name of the organization THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.	Employer identification number 20-8783702
GOOD THAT COULD STAND ALONGSIDE MORE BUSINESS-ORIENTED INCUBATORS AND	
ACCELERATORS.	
ADDITIONALLY, WE BEGAN TO DEVELOP NEW RESOURCES TO SUPPORT CREATORS,	
INCLUDING A FREE WEB-BASED TOOL CALLED "PLAYTEST WITH KIDS" TO HELP	
PRODUCT DEVELOPERS ENGAGE CHILDREN MORE EFFECTIVELY IN THEIR DESIGN	
PROCESS. OUR TEAM ALSO SUPPORTED THE PROMISING VENTURES FELLOWSHIP TO	
ADVISE NEW SOCIAL VENTURES IN EARLY CHILDHOOD DEVELOPMENT.	
DIGITAL WELLBEING	
WE EXPLORED ADVOCACY APPROACHES TO "DESIGNING FOR DIGITAL WELLBEING"	
WITH EXTERNAL PARTNERS TO CREATE A PUBLIC AWARENESS CAMPAIGN AND A	
DESIGN CHALLENGE FOR INNOVATIVE SOLUTIONS, WITH LAUNCH DATES IN FY22.	
WE BEGAN DEVELOPMENT ON A NEW DIGITAL WELLBEING ADVOCACY PROJECT WITH	
THE LEGO GROUP AND UNICEF WITH THE FOLLOWING GOALS: (1) CREATE A	
KNOWLEDGE BASE VIA RESEARCH AND PARTICIPATORY DESIGN METHODS THAT	
ARTICULATES A DEFINITION OF CHILDREN'S WELLBEING AND PATHWAYS TO	
ACHIEVE IT; (2) MOTIVATE AND LEAD A COALITION OF LIKE-MINDED	
STAKEHOLDERS WILLING TO COMMIT RESOURCES AND FUNDING TO NEW IDEAS ABOUT	
DIGITAL WELLBEING; AND (3) SIGNAL TO POTENTIAL PARTNERS THE OPPORTUNITY	
TO COLLABORATE ON NEW SOLUTIONS THAT INCREASE CHILDREN'S WELLBEING.	
SUPPORTING RESEARCH DURING THE PANDEMIC	
OUTSIDE OF OUR MAIN PRIORITY AREAS, WE ELEVATED THE EXPERIENCE OF	
RESEARCHERS WORKING WITH CHILDREN, FAMILIES, AND EDUCATORS DURING THE	
PANDEMIC.	

Name of the organization THE JOAN GANZ COONEY CENTER FOR	Employer identification number
EDUCATIONAL MEDIA AND RESEARCH, INC.	20-8783702
RESEARCHERS WERE ENCOUNTERING AS THEY BEGAN TO STUDY FAMILIES, YOUTH,	
AND LEARNING THROUGH THE PANDEMIC, THE INNOVATIVE WAYS THEY WERE	
RESPONDING TO THOSE CHALLENGES, AND HOW TO ACHIEVE MORE EQUITABLE	
EDUCATIONAL OUTCOMES DURING AND BEYOND THE PANDEMIC. IN MARCH 2021, WE	
PUBLISHED "LEARNING TOGETHER: ADAPTING METHODS FOR FAMILY AND COMMUNITY	
RESEARCH DURING A PANDEMIC" TO PROVIDE EXAMPLES OF HOW RESEARCHERS ARE	
REPURPOSING AND REINVENTING QUALITATIVE METHODS FOR REMOTE CONTEXTS;	
HIGHLIGHT HOW FAMILIES AND COMMUNITIES ARE INNOVATING AND ADJUSTING IN	
UNEXPECTED WAYS; CONVEY ON-THE-GROUND PERSPECTIVES FROM CAREGIVERS AND	
LEARNERS ABOUT THE CHALLENGES OF REMOTE LEARNING AND INSPIRE SOLUTIONS	
TO SOLVE THEM; AND MOBILIZE COLLABORATIVE EFFORTS FOR FUTURE RESEARCH	
AND DESIGN.	
IN APRIL 2021, WE HOSTED A "REFRAMING EDUCATION FOR THE 22ND CENTURY"	
SALON SERIES WITH THE CENTER FOR GLOBAL EDUCATION AT ASIA SOCIETY TO	
BUILD COMMUNITY AND GATHER FRESH IDEAS ABOUT THE PURPOSE OF EDUCATION	_
AS THE FOUNDATION FOR A SOCIAL MOVEMENT TOWARD EQUALITY AND	
SUSTAINABILITY.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.'S SOLE	
CORPORATE MEMBER IS ITS SUPPORTED ORGANIZATION, SESAME WORKSHOP.	
FORM 990, PART VI, SECTION A, LINE 7A:	
SESAME WORKSHOP IS THE SOLE MEMBER OF THE ORGANIZATION. IT HAS THE RIGHT TO	
ELECT OR REMOVE DIRECTORS AS WELL AS APPROVE ANY AMENDMENTS TO THE BYLAWS	
OF THE ORGANIZATION.	

Name of the organization THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.	Employer identification number 20-8783702
·	
FORM 990, PART VI, SECTION A, LINE 7B:	
SESAME WORKSHOP IS THE SOLE MEMBER OF THE ORGANIZATION. IT HAS THE RIGHT TO	
ELECT OR REMOVE DIRECTORS AS WELL AS APPROVE ANY AMENDMENTS TO THE BYLAWS	
OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION	_
WITH SESAME WORKHOP'S INTERNAL FINANCE DEPARTMENT. A SECONDARY REVIEW IS	
DONE BY SESAME WORKSHOP'S GENERAL COUNSEL, AND A COPY OF THE COMPLETED 990	
IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE	
INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AS PART OF SESAME WORKSHOP'S CONFLICT OF INTEREST, ALL DIRECTORS AND	
OFFICERS, INCLUDING THOSE OF THE JOAN GANZ COONEY CENTER, ARE REQUIRED TO	
REVIEW THE POLICY ANNUALLY, AND DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF	
INTEREST IN RESPONSE TO A CONFLICT OF INTEREST QUESTIONNAIRE. THE COMPLETED	
QUESTIONNAIRES ARE REVIEWED BY THE GENERAL COUNSEL/SECRETARY TO THE BOARD.	
IN THE EVENT OF A REAL OR POTENTIAL CONFLICT, 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.	
FORM 990, PART VI, SECTION B, LINE 15A:	
ALL OFFICERS REPORTED ON THE FORM 990 (INCLUDING MICHAEL PRESTON) RECEIVE	
THEIR COMPENSATION FROM A RELATED ORGANIZATION, SESAME WORKSHOP. THE	
PROCESS FOR DETERMINING THE COMPENSATION OF THESE INDIVIDUALS IS REPORTED	
ON THAT ORGANIZATION'S ANNUAL FORM 990.	

Name of the organization THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.		Employer identification number 20-8783702
FORM 990, PART VI, SECTION C, LINE 19:		
THE JOAN GANZ COONEY'S FORM 990 IS AVAILABLE ON ITS WEBSITE		
(HTTP://JOANGANZCOONEYCENTER.ORG) AND ON THE INTERNET AT WWW.G	GUIDESTAR.ORG.	
A FULL COPY OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS O	F SESAME	
WORKSHOP WHICH INCLUDE THE JOAN GANZ COONEY CENTER, ARE AVAILA	BLE ON THE	
SESAME WORKSHOP WEBSITE, WWW.SESAMEWORKSHOP.ORG. THE JOAN GANZ	COONEY'S	
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILA	BLE UPON	
WRITTEN REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
COMMUNICATIONS/FUNDRAISING:		
PROGRAM SERVICE EXPENSES	129,667.	
MANAGEMENT AND GENERAL EXPENSES	15,255.	
FUNDRAISING EXPENSES	7,628.	
TOTAL EXPENSES	152,550.	
PROGRAMMATIC CONSULTING:		
PROGRAM SERVICE EXPENSES	82,050.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	82,050.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	234,600.	

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE JOAN GANZ COONEY CENTER FOR EDUCATIONAL MEDIA AND RESEARCH, INC.

Employer identification number 20-8783702

Identification of Disregarded Entities. Complet		T	(4)	(0)	(4)
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
SESAME WORKSHOP - 13-2655731							
1900 BROADWAY							
NEW YORK, NY 10023	EDUCATION MEDIA	NEW YORK	501(C)(3)	LINE 7	N/A		Х
SESAME STREET, INC 13-2677928							
1900 BROADWAY							
NEW YORK, NY 10023	TITLE HOLDING	DELAWARE	501(C)(2)	N/A	SESAME WORKSHOP		Х
THE ELECTRIC COMPANY INC 13-2722079							
1900 BROADWAY							
NEW YORK, NY 10023	TITLE HOLDING	DELAWARE	501(C)(2)	N/A	SESAME WORKSHOP		Х
GALLI GALLI SIM SIM EDUCATIONA							
153 OKHLA INDUSTRIAL ESTATE							
PHASE III, NEW DEHLI, INDIA 110020	EDUCATION MEDIA	INDIA	N/A	N/A	SESAME WORKSHOP		х

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

Schedule R (Form 990) 2020

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section cont organi	(g) 512(b)(13 trolled ization?
SESAME WORKSHOP INTERNATIONAL, - 83-1810098						163	110
1900 BROADWAY	7						
NEW YORK, NY 10023	EDUCATION MEDIA	NEW YORK	501(C)(3)	LINE 7	SESAME WORKSHOP		х
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Page 2

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

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	ome Share of total ted, income	end-of-year	1	tions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
]										
1										
	(b) Primary activity	Primary activity  Legal domicile (state or foreign			Primary activity    Legal domicile (state or foreign foreign   Compared to the foreign foreign   Compared to the foreign foreign   Compared to the foreign for					

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(b	i) etion b)(13) rolled
or rolated organization		foreign country)	Criticy	or trust)	income	assets	OWNERSHIP	ent	No
CTW COMMUNICATIONS, INC 13-2422089									
1900 BROADWAY			SESAME						
NEW YORK, NY 10023	HOLDING	DE	WORKSHOP	C CORP	0.	0.			Х
SESAME WORKSHOP INITIATIVES (INDIA) PLC									
153 OKHLA INDUSTRIAL ESTATE			SESAME						
PHASE III, NEW DEHLI, INDIA 110020	EDUCATION MEDIA	INDIA	WORKSHOP	C CORP	0.	0.			х
SESAME STREET BRAND MGMT & SVC									
ROOM 504, W. TOWER, SHANGHAI CENTER			SESAME						
NO. 1376, NANJING WEST ROAD, SHANGAI, CHINA	EDUCATION MEDIA	CHINA	WORKSHOP	C CORP	0.	0.			х
SESAME STREET SEASON 51 PRODUCTIONS, INC									
84-3808148, 1900 BROADWAY, NEW YORK, NY	]		SESAME						
10023	VIDEO PRODUCTION	DE	WORKSHOP	C CORP	0.	0.			Х
SESAME STREET SEASON 52 PRODUCUCTIONS, INC.									
- 85-1104505, 1900 BROADWAY, NEW YORK, NY			SESAME						
10023	VIDEO PRODUCTION	DE	WORKSHOP	C CORP	0.	0.			Х

032162 10-28-20 Schedule R (Form 990) 2020

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	i) ction b)(13) rolled tity?
		country)		S. 1.254				Yes	No
SESAME SERVICES FP, INC 84-4859500	4								
1900 BROADWAY			SESAME						
NEW YORK, NY 10023	VIDEO PRODUCTION	DE	WORKSHOP	C CORP	0.	0.			X
SESAME STREET JAPAN GK									
21ST FL SHIROYAMA TRUST TOWER			SESAME						
4-3-1 TORANOMON MINATO-KU, TOKYO, JAPAN	EDUCATION MEDIA	JAPAN	WORKSHOP	C CORP	0.	0.			X
SESAME STREET SEASON 53 PRODUCTIONS, INC									
85-3940875, 1900 BROADWAY, NEW YORK, NY			SESAME						
10023	VIDEO PRODUCTION	DE	WORKSHOP	C CORP	0.	0.			Х

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

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlle	ed entity			1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for relat				11		X
m Performance of services or membership or fundraising solicitations by relate	ed organization(s)			1m	Х	<u> </u>
n Sharing of facilities, equipment, mailing lists, or other assets with related or	rganization(s)			1n	Х	<u></u>
Sharing of paid employees with related organization(s)				10	Х	<u> </u>
p Reimbursement paid to related organization(s) for expenses				1p	Х	<u> </u>
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information	ion on who must complete th	nis line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/		
(1) SESAME WORKSHOP	м	1,022,934.	COST			
(2)						
(3)						
(4)						
(5)						
(6)						
(6)			Schadula	D /C	» 000°	2000
132163 10-28-20			Schedule	K IFOI	11 9911	ノロンロ

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									