

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

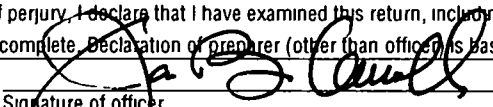
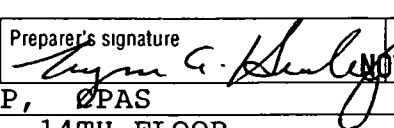
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>COMMON SENSE MEDIA</b>		<b>D Employer identification number</b> <b>41-2024986</b>
	Doing Business As		<b>E Telephone number</b> <b>415-863-0600</b>
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	<b>650 TOWNSEND STREET, SUITE 435</b>		<b>G Gross receipts \$</b> <b>9,940,926.</b>
	City or town, state or country, and ZIP + 4 <b>SAN FRANCISCO, CA 94103</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F Name and address of principal officer: JAMES P. STEYER, CEO</b> <b>SAME AS C ABOVE</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ <b>WWW.COMMONSENSE.ORG</b>		<b>L Year of formation</b> <b>2003</b> <b>M State of legal domicile</b> <b>CA</b>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CSM IS DEDICATED TO IMPROVING THE LIVES OF KIDS AND FAMILIES BY PROVIDING THE TRUSTWORTHY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>22</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>20</b>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>71</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>45</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>5,611,549.</b>	<b>5,526,378.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,914,486.</b>	<b>3,890,328.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>72,396.</b>	<b>79,682.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;76,138.&gt;</b>	<b>&lt;133,370.&gt;</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,522,293.</b>	<b>9,363,018.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>50,000.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>4,532,582.</b>	<b>5,695,577.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>746,268.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>3,172,867.</b>	<b>3,617,101.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,755,449.</b>	<b>9,377,866.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>766,844.</b>	<b>&lt;14,848.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>7,930,804.</b>	<b>End of Year</b> <b>7,918,073.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>899,549.</b>	<b>868,023.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,031,255.</b>	<b>7,050,050.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>11/15/11</b>			
	<b>JAMES BRIAN CARROLL, VP OF FINANCE &amp; ADMINISTRATION</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LYNN A. HENLEY</b>	Preparer's signature 	Date <b>NOV 15 2011</b>	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ <b>HOOD &amp; STRONG LLP, CPAS</b>	Firm's EIN ▶		Phone no <b>(415) 781-0793</b>	
Firm's address ▶ <b>100 FIRST STREET, 14TH FLOOR</b> <b>SAN FRANCISCO, CA 94105</b>					

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

SCANNED DEC 1 6 2011

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission:

COMMON SENSE MEDIA (CSM) IS DEDICATED TO IMPROVING THE LIVES OF KIDS AND FAMILIES BY PROVIDING THE TRUSTWORTHY INFORMATION, EDUCATION, AND INDEPENDENT VOICE THEY NEED TO THRIVE IN A WORLD OF MEDIA AND TECHNOLOGY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,569,102. including grants of \$ ) (Revenue \$ 3,827,731.)

COMMON SENSE MEDIA PROVIDES EXPERT REVIEWS OF MOVIES, VIDEO GAMES, MOBILE APPLICATIONS ("APPS"), TELEVISION SHOWS, WEB SITES, DVDS, AND MUSIC FROM A KID AND FAMILY PERSPECTIVE. DURING 2010, WE ADDED APPROXIMATELY 2,000 NEW WRITTEN REVIEWS AND 150 MOVIE REVIEWS IN VIDEO FORMAT. DURING 2010, WE BEGAN REVIEWING MOBILE APPS AND REVIEWED MORE THAN 500 APPS DURING THE YEAR. IN ADDITION, WE PROVIDED VIDEO PARENTING AND TECH TIPS IN ENGLISH AND SPANISH LANGUAGE FORMATS. OUR REVIEWS ARE BASED ON AGE APPROPRIATE CRITERIA CREATED UNDER THE GUIDANCE OF SOME OF THE NATION'S LEADING EXPERTS IN CHILD DEVELOPMENT, EDUCATION, AND PUBLIC HEALTH. OUR CONTENT IS DISTRIBUTED THROUGH OUR WEBSITE (AN AVERAGE OF 1.2 MILLION UNIQUE VISITORS ON A MONTHLY BASIS IN 2010), OUR MOBILE APP (APPROXIMATELY 9.5 MILLION DOWNLOADS IN 2010), AND THROUGH

4b (Code: ) (Expenses \$ 2,647,051. including grants of \$ 65,188.) (Revenue \$ 62,597.)

COMMON SENSE MEDIA PROVIDES EDUCATORS GUIDANCE AND MATERIALS TO HELP YOUNG PEOPLE LEARN HOW TO THINK CRITICALLY, BEHAVE SAFELY, AND PARTICIPATE RESPONSIBLY IN TODAY'S DIGITAL WORLD. IN 2010, CSM: -LAUNCHED A MIDDLE SCHOOL DIGITAL LITERACY AND CITIZENSHIP CURRICULUM -BEGAN DEVELOPMENT OF AN ELEMENTARY SCHOOL AND HIGH SCHOOL DIGITAL LITERACY AND CITIZENSHIP CURRICULUM (WHICH WERE LAUNCHED IN 2011) -SUPPORTED 75 DEMONSTRATION MIDDLE SCHOOLS IN 7 REGIONS (SAN FRANCISCO BAY AREA, NEW YORK CITY, HOUSTON, OMAHA, LOS ANGELES, AND MAINE), INCLUDING PROVIDING CURRICULAR MATERIALS AND TRAINING -OFFERED COMPREHENSIVE RESOURCES ON THE EDUCATOR SECTION OF THE COMMON SENSE SITE TO OVER 10,000 REGISTERED SCHOOLS/ORGANIZATIONS (THIS NUMBER IS OVER 20,000 REGISTERED IN 2011)

4c (Code: ) (Expenses \$ 841,725. including grants of \$ ) (Revenue \$ )

COMMON SENSE MEDIA ADVOCATES FOR KIDS AND FAMILIES ON KEY ISSUES SUCH AS CYBERBULLYING AND PRIVACY, AND THE NEED FOR DIGITAL LITERACY AND CITIZENSHIP EDUCATION. OUR POLICY AND COMMUNICATIONS GROUPS HAVE FORGED STRONG LINKS WITH POLITICAL LEADERS, DIGITAL INDUSTRY STAKEHOLDERS, AND THE DEPARTMENT OF EDUCATION.

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

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

4e Total program service expenses 8,057,878.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Check if Schedule O contains a response to any question in this Part VI  X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>10b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, AK, AZ, AR, CT, FL, GA, IL, KS, ME, MD, MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAMES BRIAN CARROLL - (415)863-0600**  
**650 TOWNSEND STREET, SUITE 435, SAN FRANCISCO, CA 94103**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BARTON BOARD MEMBER	1.00	X					0.	0.	0.	
MARCY CARSEY BOARD MEMBER	1.00	X					0.	0.	0.	
CHELSEA CLINTON BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES G. COULTER BOARD MEMBER	1.00	X					0.	0.	0.	
GEOFFREY COWAN BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN H. N. FISHER BOARD MEMBER	1.00	X					0.	0.	0.	
LYCIA CARMODY FRIED BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS J. HOLLAND BOARD MEMBER	1.00	X					0.	0.	0.	
MITCHELL KAPOR BOARD MEMBER	1.00	X					0.	0.	0.	
GARY E. KNELL BOARD MEMBER	1.00	X					0.	0.	0.	
APRIL MCCLAIN-DELANEY BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT L. MILLER BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM S. PRICE III BOARD CHAIR	1.00	X					0.	0.	0.	
JESSE ROGERS BOARD MEMBER	1.00	X					0.	0.	0.	
GENE T. SYKES BOARD MEMBER	1.00	X					0.	0.	0.	
TODOR TASHEV BOARD MEMBER	1.00	X					0.	0.	0.	
DEBORAH TAYLOR TATE BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institution trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL TOLLIN BOARD MEMBER	1.00	X						0.	0.	0.
LAWRENCE WILKINSON VICE CHAIR	1.00	X						0.	0.	0.
JAMES P. STEYER CEO	40.00	X		X				331,412.	0.	27,133.
ANNE K. ZEHREN PRESIDENT/COO	40.00			X				221,928.	0.	999.
SUSAN SACHS INTERIM PRESIDENT/COO	40.00	X		X				102,000.	0.	0.
JOSEPH J. DIGIACOMO CHIEF FINANCIAL OFFICER	40.00			X				176,113.	0.	18,183.
ELIZABETH PERLE EDITOR IN CHIEF	40.00				X			215,687.	0.	27,103.
LINDA BURCH CHIEF EDUCATION OFFICER	40.00				X			185,352.	0.	20,717.
KIERNAN MCGUIRE CHIEF DEVELOPMENT OFFICER	40.00				X			179,876.	0.	9,633.
<b>1b Sub-total</b>								1,412,368.	0.	103,768.
<b>c Total from continuation sheets to Part VII, Section A</b>								592,013.	0.	77,459.
<b>d Total (add lines 1b and 1c)</b>								2,004,381.	0.	181,227.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **12**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
KRISTINA PIFER, 130A LEXINGTON STREET, SAN FRANCISCO, CA 94110	WEBSITE USER INTERFACE DESIGN	115,320.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	735,121.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	479,125.7.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		8,625.				
	<b>h</b> Total. Add lines 1a-1f		552,637.8.				
Program Service Revenue	<b>2 a</b> CONTENT LICENSING	Business Code 900099	381,273.1.	381,273.1.			
	<b>b</b> DIGITAL CITIZENSHIP TR	900099	39,769.	39,769.			
	<b>c</b> SPEAKING ENGAGEMENTS	900099	17,685.	17,685.			
	<b>d</b> MOVIE GUIDES	900099	15,000.	15,000.			
	<b>e</b> TOOLKITS & OTHER PROGR	900099	5,143.	5,143.			
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		389,032.8.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		75,420.			75,420.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		419,262.					
		<b>b</b> Less: cost or other basis and sales expenses		415,000.			
		<b>c</b> Gain or (loss)		4,262.			
	<b>d</b> Net gain or (loss)		4,262.			4,262.	
<b>8 a</b> Gross income from fundraising events (not including \$ 735,121. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		21,565.				
	<b>b</b> Less: direct expenses		162,908.				
	<b>c</b> Net income or (loss) from fundraising events		<141,343.>			<141,343.>	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> MISCELLANEOUS INCOME	900099		7,973.			7,973.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d			7,973.				
<b>12</b> Total revenue. See instructions			936,301.8.	389,032.8.	0.	<53,688.>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	65,188.	65,188.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,689,759.	1,255,296.	249,891.	184,572.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,176,093.	2,713,416.	161,640.	301,037.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	494,287.	433,263.	19,268.	41,756.
10 Payroll taxes	335,438.	275,486.	25,986.	33,966.
11 Fees for services (non-employees).				
a Management				
b Legal	100.	100.		
c Accounting	29,800.	20,542.	6,850.	2,408.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	915,087.	852,437.	27,332.	35,318.
12 Advertising and promotion				
13 Office expenses	320,770.	272,081.	8,420.	40,269.
14 Information technology	46,525.	36,491.	7,788.	2,246.
15 Royalties				
16 Occupancy	500,660.	412,601.	38,346.	49,713.
17 Travel	224,927.	184,596.	6,212.	34,119.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,133.	22,833.		300.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,112.	66,042.	4,140.	5,930.
23 Insurance	20,942.	15,184.	5,386.	372.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a WEBSITE DESIGN & MAINT.	450,821.	450,599.	156.	66.
b VIDEO & MEDIA PRODUCT.	247,553.	246,944.		609.
c CURRICULUM DEVELOPMENT	237,588.	237,588.		
d SEM/CUST. AQUISITION	227,075.	227,075.		
e RESEARCH	128,250.	128,250.		
f All other expenses	167,758.	141,866.	12,305.	13,587.
25 Total functional expenses. Add lines 1 through 24f	9,377,866.	8,057,878.	573,720.	746,268.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	216,918.	1	399,781.
	2	Savings and temporary cash investments	5,635,567.	2	5,795,546.
	3	Pledges and grants receivable, net	1,680,889.	3	1,255,272.
	4	Accounts receivable, net	121,801.	4	125,660.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	28,478.	9	57,068.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	451,237.		
	10b	Less: accumulated depreciation	248,604.		
			157,901.	10c	202,633.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	89,250.	14	80,250.
15	Other assets. See Part IV, line 11	0.	15	1,863.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,930,804.	16	7,918,073.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	516,635.	17	392,275.
	18	Grants payable		18	
	19	Deferred revenue	294,281.	19	383,927.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	88,633.	25	91,821.
26	<b>Total liabilities.</b> Add lines 17 through 25	899,549.	26	868,023.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	5,162,901.	27	5,474,978.
	28	Temporarily restricted net assets	1,868,354.	28	1,575,072.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	7,031,255.	33	7,050,050.	
34	<b>Total liabilities and net assets/fund balances</b>	7,930,804.	34	7,918,073.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,363,018.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,377,866.
3	Revenue less expenses. Subtract line 2 from line 1	3	<14,848.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,031,255.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	33,643.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,050,050.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,416,665.	5,009,710.	4,016,747.	5,611,549.	5,526,378.	25,581,049.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,416,665.	5,009,710.	4,016,747.	5,611,549.	5,526,378.	25,581,049.
<b>5</b> 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)						12,767,884.
<b>6 Public support.</b> Subtract line 5 from line 4						12,813,165.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	5,416,665.	5,009,710.	4,016,747.	5,611,549.	5,526,378.	25,581,049.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,092.	210,695.	152,528.	72,396.	79,682.	596,393.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,063.	10,888.	7,910.	10,090.	12,949.	43,900.
<b>11 Total support.</b> Add lines 7 through 10						26,221,342.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	11,094,574.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	48.87 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	50.56 %
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

# Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

**2010**  
Open to Public Inspection

Name of the organization

COMMON SENSE MEDIA

Employer identification number

41-2024986

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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

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

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

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

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		41,365.	23,440.	17,925.
d Equipment		99,321.	36,338.	62,983.
e Other		310,551.	188,826.	121,725.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				202,633.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) EQUIPMENT LEASE PAYABLES	49,647.
(3) DEFERRED RENT	42,174.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	91,821.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,363,018.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,377,866.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<14,848.>
4	Net unrealized gains (losses) on investments	4	33,643.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	33,643.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	18,795.

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

1	Total revenue, gains, and other support per audited financial statements	1	9,725,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	33,643.
b	Donated services and use of facilities	2b	165,488.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	162,908.
e	Add lines 2a through 2d	2e	362,039.
3	Subtract line 2e from line 1	3	9,363,018.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,363,018.

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

1	Total expenses and losses per audited financial statements	1	9,706,262.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	165,488.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	162,908.
e	Add lines 2a through 2d	2e	328,396.
3	Subtract line 2e from line 1	3	9,377,866.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,377,866.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: CSM IS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL**

**REVENUE CODE, SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS.**

**ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE**

**FINANCIAL STATEMENTS.**

**CSM FOLLOWS THE GUIDELINES OF THE FINANCIAL ACCOUNTING STANDARDS BOARD**

**(FASB) ASC TOPIC 740 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS OF**

**DECEMBER 31, 2010, MANAGEMENT EVALUATED CSM'S TAX POSITIONS AND CONCLUDED**

**Part XIV** Supplemental Information (continued)

THAT CSM HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		COMMON SENSE MEDIA AWARDS (event type)	FRIENDRAISER S (event type)	NONE (total number)		
Revenue	1	Gross receipts	750,750.	5,936.		756,686.
	2	Less: Charitable contributions	729,185.	5,936.		735,121.
	3	Gross income (line 1 minus line 2)	21,565.			21,565.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	19,345.			19,345.
	7	Food and beverages	52,701.	4,481.		57,182.
	8	Entertainment				
	9	Other direct expenses	82,912.	3,469.		86,381.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 162,908 )
	11	Net income summary. Combine line 3, column (d), and line 10				<141,343.>

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

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

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

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

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

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

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

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

13a	%
13b	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

Name of the organization  
**COMMON SENSE MEDIA**

Employer identification number  
**41-2024986**

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

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMAHA PUBLIC SCHOOLS 3215 CUMING STREET OMAHA, NE 68131	47-6026296	501(C)(3)	30,188.	0.			SUPPORT SALARY AND BENEFITS OF THE OMAHA DIGITAL CITIZENSHIP PROGRAM MANAGER
MAINE LEARNING TECHNOLOGY INITIATIVE - C/O STATE OF MAINE DEPARTMENT OF EDUCATION, 22 STATE HOUSE STATION - AUGUSTA, ME 04333	01-6000001	GOVERNMENT ORG	35,000.	0.			SUPPORT THE SALARY AND BENEFITS OF THE MAINE DIGITAL CITIZENSHIP PROGRAM MANAGER.

**2** Enter total number of section 501(c)(3) and government organizations **2.**

**3** Enter total number of other organizations **2.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

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

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

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

SCHEDULE I, PART I, LINE 2: THE GRANT TO OMAHA AND MAINE PUBLIC SCHOOLS SUPPORTS THE SALARY OF A DISTRICT EMPLOYEE WHOSE PRIMARY RESPONSIBILITY IS FOR TRAINING AND FACILITATING THE IMPLEMENTATION OF THE DIGITAL CITIZENSHIP CURRICULUM WITH MIDDLE SCHOOL TEACHERS. THIS EMPLOYEE HAS WEEKLY MEETINGS WITH OUR VICE PRESIDENT OF EDUCATION PROGRAMS, GENERATES PROGRESS REPORTS OF A NUMBER OF TEACHERS, STUDENTS AND SCHOOLS THAT ARE IMPLEMENTING THE PROGRAM AND REPORTS ON MAJOR MILESTONE PROGRESS. CSM EDUCATION STAFF ALSO PERFORMED ON-SITE VISITS THROUGHOUT THE YEAR.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**COMMON SENSE MEDIA**

Employer identification number

**41-2024986**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2010

**Part I 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (j). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES P. STEYER	262,412.	69,000.	0.	0.	27,133.	358,545.	0.
2 ANNE K. ZEHREN	171,928.	50,000.	0.	0.	999.	222,927.	0.
3 JOSEPH J. DIGIACOMO	161,113.	15,000.	0.	0.	18,183.	194,296.	0.
4 ELIZABETH PERLE	215,687.	0.	0.	0.	27,103.	242,790.	0.
5 LINDA BURCH	185,352.	0.	0.	0.	20,717.	206,069.	0.
6 KIERNAN MCGUIRE	141,413.	38,463.	0.	0.	9,633.	189,509.	0.
7 VINCE RUBINO	149,676.	0.	0.	0.	23,448.	173,124.	0.
8							
9							
10							
11							
12							
13							
14							
15							
16							

**SCHEDULE O**

(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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

COMMON SENSE MEDIA

Employer identification number

41-2024986

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INFORMATION, EDUCATION, AND INDEPENDENT VOICE THEY NEED TO THRIVE IN A  
WORLD OF MEDIA AND TECHNOLOGY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE EXIST BECAUSE OUR NATION'S CHILDREN SPEND MORE TIME WITH MEDIA AND  
DIGITAL ACTIVITIES THAN THEY DO WITH THEIR FAMILIES OR IN SCHOOL, WHICH  
PROFOUNDLY IMPACTS THEIR SOCIAL, EMOTIONAL, AND PHYSICAL DEVELOPMENT.  
AS A NON-PARTISAN, NOT-FOR-PROFIT ORGANIZATION, WE PROVIDE TRUSTWORTHY  
INFORMATION AND TOOLS, AS WELL AS AN INDEPENDENT FORUM, SO THAT  
FAMILIES CAN HAVE A CHOICE AND VOICE ABOUT THE MEDIA THEY CONSUME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CABLE AND ONLINE PARTNERSHIPS, AND WAS AVAILABLE TO OVER 70 MILLION  
HOMES IN 2010.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

-FACILITATED CURRICULAR TRAININGS AND WORKSHOPS FOR HUNDREDS OF  
EDUCATORS.

DURING 2011, WE BEGAN RESEARCH AND BUILDING A PIONEERING EDUCATION  
RATINGS AND REVIEW PROGRAM THAT WILL EVALUATE THE LEARNING POTENTIAL IN  
BOTH POPULAR AND EDUCATIONAL VIDEO GAMES, WEBSITES, AND MOBILE APPS.

THE RATINGS WILL ADDRESS CORE SUBJECT AREAS (SUCH AS READING, SCIENCE,  
AND MATH) AS WELL AS THE DEEPER LEARNING SKILLS (THINKING AND REASONING

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SKILLS, SOCIAL SKILLS LIKE COLLABORATION, AND EMOTIONAL SKILLS LIKE INITIATIVE AND SELF-DIRECTION) THAT HAVE BECOME ESSENTIAL FOR KIDS GROWING UP IN A GLOBAL AND DIGITALLY CONNECTED WORLD. THE FRAMEWORK WILL BE COMPLETED IN FALL 2011, WITH THE PROGRAM BEING LAUNCHED IN EARLY 2012.

IN ADDITION, DURING 2011 CSM IS DEVELOPING THE DIGITAL PASSPORT, WHICH IS A SELF-GUIDED WEB BASED SET OF INTERACTIVE ACTIVITIES GEARED TOWARD 4TH THROUGH 6TH GRADE STUDENTS TO HELP THEM LEARN THE ESSENTIAL KNOWLEDGE AND SKILLS OF DIGITAL CITIZENSHIP AND ONLINE SAFETY. THE DIGITAL PASSPORT IS PROPOSED TO LAUNCH DURING 2012.

CSM DID NOT LOBBY ON ANY LEGISLATIVE MATTERS OR REFERENDUMS DURING 2010. CSM HAD THE FOLLOWING ADVOCACY ACTIVITIES:

-CSM SPOKE TO CONGRESSIONAL STAFF AND THE EDUCATION STAFF AT THE FEDERAL LEVEL, AND IN VIRGINIA, MARYLAND, AND WASHINGTON, DC ABOUT THE NEED AND IMPORTANCE OF DIGITAL LITERACY AND CITIZENSHIP EDUCATION.

-CSM SPOKE REGULARLY WITH CONGRESSIONAL STAFF ABOUT THE GROWING PROBLEM OF CYBERBULLYING AND HOW DIGITAL LITERACY AND CITIZENSHIP EDUCATION COULD HELP PREVENT CYBERBULLYING.

-CSM FILED COMMENTS TO THE FCC NOTICE OF PROPOSED RULE-MAKING (NPRM) REGARDING PROPOSED CHANGES ON HOW SCHOOLS RECEIVING E-RATE FUNDING CERTIFY THAT THEY MEET THE REQUIREMENT TO EDUCATE STUDENTS ABOUT INTERNET SAFETY.

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-CSM WAS INVITED BY THE FTC AND PARTICIPATED IN A ROUNDTABLE DISCUSSION ABOUT THE FTC'S COPPA (CHILDREN'S ONLINE PRIVACY PROTECTION ACT) RULE REVIEW.

-CSM FILED COMMENTS TO THE FTC ON THE COPPA RULE REVIEW, ASKING THE FTC TO UPDATE THE RULES TO ENSURE THAT PARENTS' ABILITY TO PROTECT KIDS ONLINE KEEPS PACE WITH RAPID CHANGES IN DIGITAL TECHNOLOGY.

-IN OCTOBER 2010, CSM HOSTED A NEWS CONFERENCE IN WASHINGTON, DC, WHERE WE RELEASED A NEW POLL OF PARENT PERSPECTIVES, OUR GENERAL POLICY POSITIONS ABOUT PROTECTED KIDS' ONLINE PRIVACY, AND CALLED FOR NEW LEGISLATION TO PROTECT KIDS ONLINE. NEW LEGISLATION TO PROTECT KIDS' ONLINE PRIVACY WAS INTRODUCED IN SPRING, 2011.

FORM 990, PART VI, SECTION B, LINE 11: CSM'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE CFO AND CONTROLLER FOR INITIAL REVIEW. THE RETURN WAS THEN FORWARDED TO THE CEO AND PRESIDENT/COO FOR EXECUTIVE LEVEL REVIEW. THE RETURN WAS THEN FORWARDED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: INQUIRIES REGARDING POTENTIAL CONFLICTS ARE MADE PERIODICALLY AT BOARD MEETINGS. STARTING WITH THE NOVEMBER 2011 MEETING, A FORMAL CONFLICT SURVEY WILL BE GIVEN AT EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO, PRESIDENT/COO AND MEMBERS OF THE EXECUTIVE STAFF IS REVIEWED BY THE

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EXECUTIVE COMMITTEE AND THE COMPENSATION COMMITTEE. SALARIES PAID TO PERSONS PERFORMING LIKE SERVICES FOR LIKE COMPANIES, UNDER LIKE CIRCUMSTANCE ARE REVIEWED TO PROVIDE A BENCHMARK FOR THE LEVELS OF COMPENSATION AT COMMON SENSE MEDIA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, AK, AZ, AR, CT, FL, GA, IL, KS, ME, MD, MN, NJ, NY, NC, ND, OK, PA, RI, SC, TN, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: COMMON SENSE MEDIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 33,643.

FORM 990, PART XII, LINE 2C: THE ROLE AND FUNCTION OF THE AUDIT COMMITTEE HAVE NOT CHANGED FROM PRIOR YEARS.

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return See instructions	Name of exempt organization <b>COMMON SENSE MEDIA</b>	Employer identification number <b>41-2024986</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>650 TOWNSEND STREET, SUITE 375</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94103</b>	

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

**01**

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JOSEPH J. DIGIACOMO, CFO**

The books are in the care of **650 TOWNSEND STREET, SUITE 375 - SAN FRANCISCO, CA 94103**  
Telephone No. **(415) 863-0600** FAX No. \_\_\_\_\_

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension

**THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA FOR CLIENT**

Date **AUG 05 2011**

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

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization <b>COMMON SENSE MEDIA</b>	Employer identification number <b>41-2024986</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>650 TOWNSEND STREET, SUITE 375</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94103</b>	

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

01

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

**JOSEPH J. DIGIACOMO, CFO**

- The books are in the care of ▶ **650 TOWNSEND STREET, SUITE 375 - SAN FRANCISCO, CA 94103**  
Telephone No ▶ **(415) 863-0600** FAX No ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2010** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.