Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public

Inspection

Form 990 (2015)

A For the 2015 calendar year, or tax year beginning and ending D Employer Identification number Check if applicable C Name of organization NATIONAL COALITION AGAINST CENSORSHIP. Address change Name chance 13-3197949 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 212-807-6222 407 19 FULTON STREET City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return NEW YORK, NY 10038 H(a) Is this a group return for subordinates? Applica-tion Yes X No F Name and address of principal officer: JOAN E BERTIN pendina H(b) Are all subordinates included? Yes No SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) H(c) Group exemption number J Website: ► WWW.NCAC.ORG K Form of organization: X Corporation Association Other > L Year of formation: 1984 M State of legal domicile: NY Trust Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 935,084. 1.057.625. Contributions and grants (Part VIII, line 1h) 3,163 5,646. Program service revenue (Part VIII, line 2g) 1,169 2,138. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3,503 4,659. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1.058.454. 947,527. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 456,514 535,041. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 349,490. 339,950. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 796,464. 884,531. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 261,990. 62,996. Assets or Ralances **End of Year** Beginning of Current Year 1,252,013. 318,629. 20 Total assets (Part X, line 16) 17,763. 21,379. 21 Total liabilities (Part X, line 26) 1,234,250. 1,297,250. Net assets or fund balances. Subtract line 21 from line 20 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 Signature of Officer Sign JOAN E BERTIN. EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Proparer's signature 0 08/10/16 self-employed P00059862 Paid JANICE PAGE, CPA Firm's name BALL BAKER LEAKE LLC 14-1845945 Preparer Firm's EIN Firm's address 122 E 42 STREET, **Use Only** NEW YORK, NY 10168 Phone no. 212-6611630 X Yes __ May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2015) INC. 13-3197949 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: NCAC PROMOTES FREEDOM OF THOUGHT, INQUIRY AND EXPRESSION AND OPPOSES
	CENSORSHIP IN ALL ITS FORMS.
	CENDOROHIF IN ALL IID FORMO:
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 760, 295. including grants of \$) (Revenue \$ 5,646.)
	NCAC'S ACTIVITIES ARE DEDICATED TO PROTECTING THE RIGHT TO FREE SPEECH
	& ACCESS TO INFORMATION BY:
	ASSISTING INDIVIDUALS & ORGANIZATIONS RESISTING EFFORTS TO CENSOR
	BOOKS, ART, THEATER, FILM, & OTHER FORMS OF PROTECTED EXPRESSION.
	EDUCATING THE PUBLIC, PRESS, POLICY MAKERS, RESEARCHERS, STUDENTS, & OTHERS ABOUT THE NATURE & EXTENT OF CENSORSHIP.
	PUBLISHING A WIDE RANGE OF PRINT & ONLINE EDUCATIONAL RESOURCES ABOUT
	CENSORSHIP & THE FIRST AMENDMENT FREE SPEECH CLAUSE.
	DOCUMENTING & REPORTING ON CURRENT CENSORSHIP INCIDENTS AND ISSUES.
	OUR WORK IN 2015 FOCUSED ON THE FOLLOWING PRIORITY PROJECTS: SEE SCH O
4b	(Code:) (Expenses \$) (Revenue \$)
4¢	(Code:) (Expenses \$
	Otto and the instance of the i
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 760,295.
	Form 990 (2015)

	13-319 INC. 13-319	<u>7949</u>	P	age 3
Pa	rt 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	o 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection			
	during the tax year? If "Yes," complete Schedule C, Part II	<u>4</u>		X
5	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? 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		i	ĺ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
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?	1		
	If "Yes," complete Schedule D, Part IV	. 9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			X
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	X	}
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	150		,
	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	22		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d	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
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X		X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	35		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	7.00		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
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	20		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	16.0		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	85		

complete Schedule G, Part III

-		3197949	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		T	
		[Yes	
20a				X
	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
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		<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J			X
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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.0775-0.00		
	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?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	(2,280,30200000		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ře		
	complete Schedule L, Part II			x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	CANADA AND AND AND AND AND AND AND AND AN		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.	0.000.000.00		
G	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	4		x
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
29		20		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
	contributions? If "Yes," complete Schedule M	30		Α.
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24	1	v
	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			7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7
	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			
	Part V, line 1	F 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			-
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 900 filers are required to complete Schedule O	38	l X	1

Form 990 (2015)

	1990 (2015) INC. 13-3197	<u> 747</u>	۲,	age ၁
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O contains a response of hote to any line in this Fart V			
4	Fater the pumber year ded in Rev 9 of Form 1000. Fater 9 if each and line bla	\dashv	Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C		4-	Х	
200	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
48	filed for the calendar year ending with or within the year covered by this return 2a 10			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За		За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	ĺ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h		7h		X
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?	_8_		<u>X</u>
9	Sponsoring organizations maintaining donor advised funds.			42
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11_	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.5	-	$\overline{}$
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

NATIONAL COALITION AGAINST CENSORSHIP, Form 990 (2015) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule 0. 14 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request X Own website

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Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

10038

State the name, address, and telephone number of the person who possesses the organization's books and records:

statements available to the public during the tax year.

19 FULTON STREET, NEW YORK,

532008 12-16-15

THE ORGANIZATION - 212-807-6222

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	bax,	not c , unle	ss pe	ition more rson i	than is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
<u></u>	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL JACOBS DIRECTOR	1.00	x						0.	0.	0.
(2) JON ANDERSON CHAIRMAN OF THE BOARD	1.00	x						0.	0.	0.
(3) MICHAEL BAMBERGER	1.00	x						0.	0.	0.
DIRECTOR (4) JOAN E BERTIN	40.00	X		x				107,720.	0.	4,564.
PRESIDENT/EXECUTIVE DIRECT (5) JUDY BLUME	1.00	X		^				0.	0.	0.
DIRECTOR (6) SUSAN CLARE	1.00	П						0.	0.	0.
DIRECTOR (7) MARTHA GERSHUM	1.00	X								
DIRECTOR (8) ERIC M FREEDMAN	1.00	X						0.	0.	0.
DIRECTOR (9) ROBIE HARRIS	1.00	X						0.	0.	0.
DIRECTOR (10) PHIL HARVEY	1.00	x					_	0.	0.	0.
DIRECTOR (11) CHRIS PETERSON	1.00	X						0.	0.	_0.
DIRECTOR (12) EMILY WHITFIELD DIRECTOR	1.00	x						0.	0.	0.
(13) LARRY SIEMS DIRECTOR	1.00	x						0.	0.	0.
(14) CHRIS FINAN SECRETARY/TREASURER	1.00	х		х				0.	0.	0.
					_					
532007 12:16:15									<u> </u>	Form 990 (2015)

3703 0001

532008 12-18-15

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

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		Check if Schedule O contains a response or note to any line	e in this Part VIII	43		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f; \$ Total. Add lines 1a-1f	935,084.			
		Business Code				
Program Service Revenue	2 a b	RELATED REVENUES 451211	5,646.	5,646.		
am:	c d					
PO	e					
P.	f	All other program service revenue				
		Total. Add lines 2a-2f	5,646.			
	3	Investment income (including dividends, interest, and	2,138.			2,138.
	4	other similar amounts) Income from investment of tax-exempt bond proceeds	4,130.			2,130.
	5	Royalties				
	6 a	(i) Real (ii) Personal 31,859 . Less: rental expenses 0 . Rental income or (loss) 31,859 .				
		Net rental income or (loss)	31,859.			31,859.
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$				
ō		Net income or (loss) from fundraising events	-27,200.			-27,200.
	9 a	Gross income from gaming activities. See Part IV, line 19 a				
		Less: direct expenses b Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				<u> </u>
	11 -	Miscellaneous Revenue Business Code				
	11 a					
	c					
	d	All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	947.527.	5,646.	0.	6.797.

Form 990 (2015) INC. Part IX Statement of Functional Expenses

D.	Check if Schedule O contains a response include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	107 700	00 035	2 155	7 540
_	trustees, and key employees	107,720.	98,025.	2,155.	7,540
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	334,308.	304,220.	6,686.	23,402
7	Other salaries and wages	334,300.	304,220.	0,000.	43,404
8	Pension plan accruals and contributions (include	8,140.	7,407.	163.	570
_	section 401(k) and 403(b) employer contributions)	42,275.	38,470.	846.	2,959
9	Other employee benefits	42,598.	38,766.	850.	2,982
0	Payroll taxes Fees for services (non-employees):	42,550.	30,700.	050.	2,502
11	Management				
a b	Legal				
C	Accounting	12,767.		12,767.	
d	Lobbying	2277071			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	122,962.	99,599.		23,363
2	Advertising and promotion				
3	Office expenses	19,772.	18,982.	395.	395
4	Information technology				
5	Royalties				
6	Occupancy	99,241.	87,332.	10,917.	992
7	Travel	8,047.	7,725.	322.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0:	Interest	_			
:1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,964.	1,924.	20.	20
3	Insurance	3,502.	2,206.	1,296.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	POSTAGE & PRINTING	52,077.	42,703.	521.	8,853
þ	EVENT EXPENSES	14,548.	5 5 4 4	000	14,548
C	COMPUTER & INTERNET	7,817.	6,644.	938.	235
d	TELEPHONE	4,886.	4,690.	98.	98
	All other expenses	1,907.	1,602.	267.	38
5_	Total functional expenses. Add lines 1 through 24e	884,531.	760,295.	38,241.	85,995
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	551,034.	1	374,625.
	2	Savings and temporary cash investments	443,249.	2	534,538.
	3	Pledges and grants receivable, net	225,600.	3	350,000.
	4	Accounts receivable, net	436.	4	28,931.
	5	Loans and other receivables from current and former officers, directors,			_
		trustees, key employees, and highest compensated employees. Complete			
	ĺ	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s)		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	-	7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,670.	9	2,399.
	10a	20 00 00 00 00 00 00 00 00			
		basis. Complete Part VI of Schedule D 10a 9,431.			
	h	Less: accumulated depreciation 10b 3,994.		10c	5,437.
	11	Investments · publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	22,699.	15	22,699.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,252,013.	16	1,318,629.
	17	Accounts payable and accrued expenses	14,521.	17	19,218.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ç	22	Loans and other payables to current and former officers, directors, trustees,			
i≘		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ä	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 (including federal income tax, payables to related third			· •
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	3,242.	25_	2,161.
	26	Total liabilities. Add lines 17 through 25	17,763.	26	_21,379.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
មា		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	999,250.	27	947,250.
9	28	Temporarily restricted net assets	235,000.	28	350,000.
Ď	29	Permanently restricted net assets		29	
2	1	Organizations that do not follow SFAS 117 (ASC 958), check here			
2	1	and complete lines 30 through 34.			
Sta	30	Capital stock or trust principal, or current funds		30	
1550	31	Paid in or capital surplus, or land, building, or equipment fund		31	-
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,234,250.	33	1,297,250.
	1	Total liabilities and net assets/fund balances	1,252,013.	34	1,318,629.

	1990 (2015) INC.	13-319	7949	Pag	_{1e} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>27.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		_	<u>31.</u> 96.			
3	는 비용 기업을 받는 경우 전 등 전 기업을 받는 경우 기업을 받는 기업을 받는 것이 되었다. 그는 기업을 받는 기							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,23	<u>1,2</u>	<u>50.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8			<u>4.</u>			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	<u>1,29</u>	<u>7,2</u>	<u>50.</u>			
Pa	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</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							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	оп а						
	separate basis, consolidated basis, or both:		1 1					
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	a basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis	40						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sig				37			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	4	3b	000				
			Form	99U (2015)			

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number Name of the organization NATIONAL COALITION AGAINST CENSORSHIP. 13-3197949 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 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). 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 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). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (i) Name of supported listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

NATIONAL COALITION AGAINST CENSORSHIP, 13-3197949 Page 2 Schedule A (Form 990 or 990 EZ) 2015 INC . 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 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (d) 2014 (a) 2011 (b) 2012(c) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1021920. 907,884 4050363. 471,437. 941,672. 707,450. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 907.884 471,437. 941,672. 707,450. 1021920. 4050363. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 1203335. column (f) 2847028. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2015 (c) 2013 (f) Total (a) 2011 (b) 2012 (d) 2014 Calendar year (or fiscal year beginning in) 1021920 907,884 4050363. 471,437 941,672 707,450 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 33,371 38.997. 166,275. 29,786 31,784. 32,337 and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 4216638. 11 Total support. Add lines 7 through 10 9,315. 12 Gross receipts from related activities, etc. (see instructions) 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 14 96 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **►**X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. 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 ______

18	Private foundation.	If the organization di	d not check a box	on line 13, 16	a, 16b <u>, 17a,</u>	or 17b, check this	box and see instructions	 ▶└	╝
							Schedule A (Form 990 o		

17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990 EZ) 2015 INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1				
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
Ş	furnished by a governmental unit to						
	the organization without charge						
	(375)						
	Total. Add lines 1 through 5		 				
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	-	<u> </u>		-	 	
	Amounts included on lines 2 and 3 received from other than disqualified persons that	ĺ					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	<u> </u>		 			
	: Add lines 7a and 7b				 	-	-
	Public support. (Subtract line 7c from line 6.)	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
_	ction B. Total Support		1	T	T	1	70 T-1-1
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		<u> </u>				
10:	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income	-		İ			
	(less section 511 taxes) from businesses	•			1		
	acquired after June 30, 1975		_				
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	's first_second_thi	rd, fourth, or fifth I	tax vear as a secti	on 501(c)(3) organ	ization.
17	check this box and stop here						20 AS N
Sa	ction C. Computation of Publ					77	
	Public support percentage for 2015 (columa (fl)		15	%
	Public support percentage from 2014					16	%
						1 10 1	,,,
	ction D. Computation of Inve					17	%
	Investment income percentage for 20						
18	Investment income percentage from	2014 Schedule A.	, Part III, line 17	1 4 4	- 45 to #-	18	% 17 is not
19:	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
1	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	<u>a box on line 14, 19</u>	<u>9a, or 19b, check i</u>			
5320	23 09-23-15				Scl	hedule A (Form 9	90 or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 За (b) and (c) 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. 3b 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. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a 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. 4b 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) 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line ?? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a 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. 9ь 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. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section

Schedule A (Form 990 or 990-EZ) 2015

10a

10b

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

		<u>-319794</u>	<u>9 Pa</u>	age 5
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 (b) and (c)			
	below, the governing body of a supported organization?	11a	i	
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
000	tion 5. Typo reappointing organizations		Yes	No
	Did the directors trustees as membership of one or more compared aroundstand have the newes to		163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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			
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
360	tion b. Air Type in oupporting organizations		Yes	No
	State the constitution and take and of the constitution of the last day of the fifth month of the		162	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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 yeafsee Instruct	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions	} .	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
4	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2015 INC.			L3-3197949 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	11		
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		
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	}		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	\top		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ed Type III supporting org	janization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990 EZ) 2015 INC. t V Type III Non-Functionally Integrated 509	(a)(0) Summarting Orga		3-3197949 Page 7
		(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			A.
		(i)	(ii)	(iii)
_		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	Execute distributions dairy of art, in Entry, to 20 to.		-	
b				
C	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions)		·	
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		<u> </u>	<u> </u>
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.		·	
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
A	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990 EZ) 2015 INC.	13-3197949 Page 8_
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section 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.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, /, Section B, line 1e; Part V,
-		
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SCHEDULE D

Department of the Treasury

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service NATIONAL COALITION AGAINST CENSORSHIP, Name of the organization

Employer identification number 13-3197949

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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	writing that the assets held in donor advised f	unds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	-	 1
Pai			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of a	conservation easement on the last
2		led Conservation Contribution in the form of a	Held at the End of the Tax Year
_	day of the tax year.		
a	Total number of conservation easements		·
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	janization during the tax
	year >	and the second by	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		□ v □ v
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nangling of violations, and enforcing conserv	ation easements during the year
_		His of delations and automics assessed	accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
_	S		AVEN (2)
8	Does each conservation easement reported on line 2(d) above	- · · · · · · · · · · · · · · · · · · ·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
D-	conservation easements. t III Organizations Maintaining Collections o	Art Historical Transures or Othe	r Similar Accate
Pal			Gillia Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		S
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015

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	dule D (Form 990) 2015 INC.					_		Page 2
Pai	rt III Organizations Maintaining (Collections of A	rt, Historical T	reasures, or Ot	her Simil	<u>ar Asse</u>	ts(continu	ued)
3	Using the organization's acquisition, access	ion, and other record	is, check any of th	e following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	c	I 🔲 Loan or ex	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	empt purp	ose in Par	XIII.	
5	During the year, did the organization solicit of		_					
_	to be sold to raise funds rather than to be m					ă E	Yes	□ No
Par	t IV Escrow and Custodial Arran							
<u> </u>	reported an amount on Form 990, Pa		oto ii iiio oigaineet	011 2110 11010 1 1 0 0 1		0 , 1 0 , 1 1 1 1 1		
40	Is the organization an agent, trustee, custod		lians for contributio	ne or other seeste n	ot included			
18	_		=				Yes	□ No
	on Form 990, Part X?				*****************		l tes	NO
В	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:				A	
							Amount	
C	Beginning balance							
d	Additions during the year							
e	Distributions during the year				<u>1e</u>			
f	Ending balance				<u>1f</u>			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account lia	bility?	L	Yes	U No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	eplanation has bee	n provided on Part X	III			
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on F	Form 990, Part IV, line	e 10.			
	\$	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance							
h	Contributions			-			- 17	
-	Net investment earnings, gains, and losses			**************************************				
٦	Grants or scholarships			100000		-		
u	Other expenditures for facilities				1			777
е	•							
	and programs		-	 	+			
f	Administrative expenses			-	+			
g	End of year balance				_			
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) neid as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	-						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	r the organi	zation	_	
	by:						,	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the	•					3	
	t VI Land, Buildings, and Equipm			· ·				
	Complete if the organization answere		Part IV line 11a	See Form 990. Part	X. line 10.			
	Description of property	(a) Cost or o	1		Accumulat	ed le	(d) Book	value
	Description of property	basis (investr			lepreciation	- 1	(0) 2001	ABIOD
	Lond			- 120121/				
	Land	i						
Ь	Buildings							
	Leasehold improvements			0 431	2 0	0.4		427
d	Equipment			9,431.	3,9	74.	5	,437.
	Other							407
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)			5	437.

Schedule D (Form 990) 2015

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 Hability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	2,161.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	olumn (b) must equal Form 990, Part X, col. (B) line 25.)	2,161.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's finability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X
Schedule D (Form 990) 2015

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Scho	edule D (Form 990) 2015 INC.		13-33	L97949 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		·	
1			1	947,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b				
c	Recoveries of prior year grants	C-0000 By C21		
d	The second secon			
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			947,527.
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 XIII.)			
c			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			947,527.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	884,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			001,001
_	Donated services and use of facilities	2a		
a	Prior year adjustments			
b				
C	Other losses			
d			2e	Λ.
e	Add lines 2a through 2d			884,531.
3	Subtract line 2e from line 1		3	004,551.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	250,0500		
b	Other (Describe in Part XIII.)	40		^
C				004 E21
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			884,531.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	.)	5	
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 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	p; Part V, line 4; Part X,	
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	; Part IV, lines 1b and 2b	p; Part V, line 4; Part X,	
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 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	p; Part V, line 4; Part X,	
Pa Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b and 2b	p; Part V, line 4; Part X,	
Pa Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 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	p; Part V, line 4; Part X,	
Pa Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2:	; Part IV, lines 1b and 2b y additional information	p; Part V, line 4; Part X,	line 2; Part XI,
Pa Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b and 2b y additional information	p; Part V, line 4; Part X,	line 2; Part XI,
Par Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MAT	ERTAL UNCERT	p; Part V, line 4; Part X,	line 2; Part XI,
Par Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2:	ERTAL UNCERT	p; Part V, line 4; Part X,	line 2; Part XI,
Pal PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an AT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATA REQUIRE RECOGNITION OR DISCLOSURE IN	ERIAL UNCERT	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Par Provines PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MAT	ERIAL UNCERT	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an AT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATA REQUIRE RECOGNITION OR DISCLOSURE IN	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
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Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS
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Provinces PAI NCI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: AC HAS DETERMINED THAT THERE ARE NO MATARE REQUIRE RECOGNITION OR DISCLOSURE IN RIODS ENDING DECEMBER 31, 2012 AND SUBS	ERIAL UNCERT THE FINANCI EQUENT REMAI	p; Part V, line 4; Part X, AIN TAX POSI	line 2; Part XI, ITIONS

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COST THEOST SOSTSTON STONODOSS

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047

Open to Public

nternal Revenue Service Information	about Schedule G (Form 990 or 990-EZ	Z) and its	instru	ictions is at www. <i>irs.c</i>	ov/fa	rm990.	Inspection	
	AL COALITION AGAIN					Employer id	entification number	
INC.				,		13-319	7949	
	6. Complete if the organization answ	/ered "Y	'es" oı	n Form 990, Part IV,	line 1			
		·	tat = -	Objects all that and to				
1 Indicate whether the organization rai		_			•			
a Mail solicitations				overnment grants				
b Internet and email solicitation			-	nment grants				
c Phone solicitations	g X Specia	il fundra	uising	events				
d In-person solicitations								
2 a Did the organization have a written	_					or		
	Part VII) or entity in connection with					└── Ye		
b If "Yes," list the ten highest paid inc	lividuals or entities (fundraisers) pur	suant to	agre	ements under which	the fo	undraiser is to	be	
compensated at least \$5,000 by the	a organization.							
	T	T ,,,,,			64	Amount paid		
(i) Name and address of individual	STEN A malician	fundi	Did aiser	(iv) Gross receipts	l to (o	or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) Activity	have c	trol of	from activity		fundraiser ted in col. (i)	organization	
<u> </u>		contrib	Jtions /		IISI	led in Col. (I)		
		Yes	No					
		-						
		+			 		-	
	<u> </u>	+						
-								
					-			
							1	
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from	registration	
or licensing.								
· ·								
					-			
	······································						·-	

Schedule G (Form 990 or 990-EZ) 2015

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

	art		=		rt IV, line 18, or reported	
		of fundraising event contributions and gr	(a) Event #1 FUND RAISING DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne ne			(event type)	(event type)	(total number)	02 (0)/
Revenue	1	Gross receipts	235,100.			235,100.
	2	Less: Contributions	235,100.			235,100.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
c)	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	27,000.			27,000.
irect E	7	Food and beverages	200.			200.
Ф	8	Entertainment	1			
	10	Other direct expenses Direct expense summary. Add lines 4 through				27,200.
_		Net income summary. Subtract line 10 from I	ine 3, column (d)			-27,200.
Pa	ırt l	S15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		0.000 0111 0111 000 EE, mile de.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(0) 0.1190	bingo/progressive bingo	(-)	col. (a) through col. (c))
2	1	Gross revenue				
Ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				1
	5_	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	В	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	Ent	ter the state(s) in which the organization conducted in the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		. Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· ·		year?	Yes No
	_					
				· · · · · · · · · · · · · · · · · · ·	Schadula G /For	rm 990 or 990-F7) 2015

Schedule G (Form 990 or 990-EZ) 2015 INC.	13-3197949 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	i
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	P 9
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:
Name	
Address -	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	imount
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 ▶	
Garning 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 specific	ant in the
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nd Part III, lines 9, 9b, 10b, 15b,

0-5-4-6-0	(E		MALIONAL	COMPLITON	AGATINGI	CENSORBRIF,	12 2107040 5
Schedule G	(Form 990 or 9	990 EZ)	INC . nation (continued				13-3197949 Page 4
Part IV	Suppleme	ntai infori	nation (continued	<u> </u>	** *		
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							2-1-1380
			Dur Mare				
						1	
				N 20000000			
					- 100		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

NATIONAL COALITION AGAINST CENSORSHIP. INC.

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

Open to Public

Employer identification number 13-3197949

OMB No. 1545-0047

Inspection

PART I. DESCRIPTION OF ORGANIZATION MISSION: FORM 990. LINE 1. TO PROMOTE THE FREEDOM OF THOUGHT, INQUIRY AND EXPRESSION AND OPPOSE CENSORSHIP IN ALL ITS FORMS.

THE YOUTH FREE EXPRESSION PROGRAM (YFEP) PROMOTES THE RIGHTS OF YOUTH TO ACCESS INFORMATION, TO READ FREELY, AND TO OUESTION, LEARN, AND THINK INDEPENDENTLY. AN ISSUE OF ONGOING CONCERN IN 2015 WAS INTERFERENCE IN PUBLIC SCHOOL HISTORY CURRICULA INVOLVING TEACHING OF RELIGION, ONE SUCH EXAMPLE OCCURRING IN FLORIDA, WHERE ACT! FOR AMERICA SOUGHT TO HALT THE USE OF TWO 10TH GRADE WORLD HISTORY TEXTBOOKS THAT THEY CLAIMED "PUSHED AN ISLAMIST AGENDA." AFTER MONITORING SIMILAR INCIDENTS AROUND THE COUNTRY, NCAC DEVELOPED A NEW RESOURCE - ISLAM IN THE CLASSROOM: TEACHING ABOUT RELIGION IS NOT RELIGIOUS INDOCTRINATION. ISSUES OF GENDER IDENTITY AND SEXUAL ORIENTATION CONTINUED TO MOTIVATE ATTEMPTS TO CENSOR A YOUNG PERSON'S EDUCATIONAL EXPERIENCE IN 2015: WE PROTESTED AN ATTEMPT IN A NEBRASKA SCHOOL DISTRICT TO REMOVE MATERIAL ABOUT GENDER IDENTITY, EMERGENCY CONTRACEPTION, AND ABORTION FROM A SEX-ED CURRICULUM; AND IN AURORA, CO, WE HELPED PERFORMING ARTS STUDENTS PREVAIL OVER THEIR SCHOOL'S ATTEMPT TO CANCEL THEIR ORIGINAL PLAY, EVOLUTION, FOR ITS LGBT-THEMED SUBJECT MATTER. WE ALSO CAME TO THE DEFENSE OF A YOUNG COMPOSER, JONAS TARM, WHOSE DEBUT AT CARNEGIE HALL WAS CANCELLED BY THE NEW YORK YOUTH SYMPHONY OVER THE INCLUSION OF 45 SECONDS OF THE GERMAN HORST WESSEL LIED. YFEP'S SIGNATURE ENGAGEMENT THE YOUTH FREE EXPRESSION FILM CONTEST, NOW IN ITS INITIATIVE,

THIRTEENTH YEAR, PROVIDES A UNIQUE OPPORTUNITY TO ENGAGE YOUTH ON FREE

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Schedule O (Form 990 or 990-EZ) (2015)

11.0

Employer identification number 13-3197949

SPEECH ISSUES IN A CREATIVE MEDIUM. THE 2015 CONTEST THEME - THAT'S NOT FUNNY! CAN COMEDY CROSS A LINE? - GENERATED NEARLY 100 QUALITY SHORT FILM SUBMISSIONS ON THE TOPIC.

A KEY INITIATIVE OF YFEP IS THE KIDS RIGHT TO READ PROJECT (KRRP), WHICH PROMOTES THE FREEDOM TO READ BY OFFERING SUPPORT, EDUCATION, AND ADVOCACY TO STUDENTS, TEACHERS, AND LIBRARIANS FACING BOOK CHALLENGES OR BANS IN PUBLIC SCHOOLS AND LIBRARIES. IN 2015, KRRP INVESTIGATED CHALLENGES ACROSS 37 STATES NATIONWIDE, DEFENDING MATERIAL COMING UNDER ATTACK FOR RELIGION, RACE, SEX, SEXUAL ORIENTATION, EXPLICIT LANGUAGE, AND VIOLENCE. EXAMPLES OF THE MORE THAN 50 TITLES REMOVED OR THREATENED FOR REMOVAL IN 2015 INCLUDE CLASSICS LIKE MARK TWAIN'S THE ADVENTURES OF HUCKLEBERRY FINN AND JOHN STEINBECK'S OF MICE AND MEN, ALONG WITH MORE RECENT CRITICALLY-ACCLAIMED WORKS LIKE JOHN GREEN'S LOOKING FOR ALASKA AND MARK HADDON'S THE CURIOUS INCIDENT OF THE DOG IN THE NIGHTTIME. DURING BANNED BOOKS WEEK, A WEEKLONG NATIONAL CELEBRATION OF THE FREEDOM TO READ IN SEPTEMBER, NCAC ISSUED AN UPDATED VERSION OF ITS BOOK CENSORSHIP TOOLKIT TO HELP STUDENTS AND EDUCATORS DEFEND CHALLENGED LITERATURE. KRRP IS CO-SPONSORED BY AMERICAN BOOKSELLERS FOR FREE EXPRESSION, COMIC BOOK LEGAL DEFENSE FUND, AND ASSOCIATION OF AMERICAN PUBLISHERS.

ACADEMIC FREEDOM IN HIGHER EDUCATION WAS A PARTICULAR FOCUS IN 2015 AS NCAC WITNESSED A RISING TREND TO STIFLE SPEECH ON COLLEGE CAMPUSES, FROM STATE LAWMAKERS, SCHOOL ADMINISTRATORS, AND STUDENTS THEMSELVES. WE HELPED TO DEFEAT A PROPOSAL TO ADD A DISCLAIMER WARNING TO AN ENGLISH CLASS AT CRAFTON HILLS COLLEGE IN CA AFTER A STUDENT COMPLAINED THAT GRAPHIC NOVELS LIKE FUN HOME AND PERSEPOLIS WERE "GARBAGE"; WE Schedule O (Form 990 or 990-EZ) (2015)

532212 09-02-15

1. 1

WEIGHED IN WHEN STUDENTS AT WESLEYAN INSISTED ON THE WITHDRAWAL OF

FUNDING TO THE STUDENT NEWSPAPER AFTER IT PUBLISHED AN OP-ED CRITICAL

OF A SOCIAL JUSTICE CAMPAIGN; AND WE CHALLENGED THE VAGUE DEFINITION OF

HARASSMENT UNDER TITLE IX WITH A PUBLIC COMMENT TO THE U.S. HOUSE OF

REPRESENTATIVES SUBCOMMITTEE ON THE CONSTITUTION AND CIVIL JUSTICE,

FOLLOWED BY A SPECIFIC PROTEST WHEN OFFICIALS AT LOUISIANA STATE

UNIVERSITY APPLIED THIS BROAD INTERPRETATION OF THE LAW TO FIRE A

TENURED PROFESSOR FOR USING CURSE WORDS AND A SEXUALLY-THEMED JOKE IN

THE CLASSROOM. NCAC ALSO TACKLED THE DEBATE OVER "TRIGGER" WARNINGS ON

CAMPUSES BY SURVEYING MORE THAN 800 ACADEMIC PROFESSIONALS, IN

COLLABORATION WITH THE COLLEGE ART ASSOCIATION AND MODERN LANGUAGE

ASSOCIATION, AND ISSUING AN EXCLUSIVE REPORT IN SEPTEMBER THAT GAUGED

THE SCOPE AND USAGE OF CONTENT WARNINGS THAT STIFLE ACADEMIC DISCOURSE.

NCAC'S ARTS ADVOCACY PROJECT (AAP) IS THE ONLY NATIONAL INITIATIVE THAT
WORKS WITH INDIVIDUAL ARTISTS AND CURATORS INVOLVED IN CENSORSHIP
DISPUTES. IN 2015, AAP INTERVENED ON SEVERAL INCIDENTS THAT INCLUDED
COMPLAINTS OF CULTURAL APPROPRIATION: STUDENTS OBJECTED TO AN ART
PROJECT INVOLVING A TEEPEE ON THE CAMPUS OF SANTA BARBARA CITY COLLEGE;
BOSTON'S MUSEUM OF FINE ART CANCELED AN EXHIBIT THAT INVITED VISITORS
TO WEAR A REPLICA KIMONO SIMILAR TO ONE FOUND IN A MONET PAINTING; AND
NCAC STOOD BY ARTIST VANESSA PLACE WHEN CULTURAL INSTITUTIONS
DISASSOCIATED WITH HER DUE TO CONTROVERSY SURROUNDING HER CONCEPTUAL
PROJECT THAT RETWEETED THE ENTIRE TEXT OF GONE WITH THE WIND. THE AAP
ADDRESSED CENSORSHIP BY GOVERNMENT OFFICIALS WHEN THE WASHINGTON STATE
DEPT. OF LABOR REMOVED PAINTINGS BY LEONARD PELTIER, AND WE JOINED THE
ACLU OF NORTHERN CALIFORNIA TO PROTEST THE REFUSAL OF THE SAN FRANCISCO
BAY AREA RAPID TRANSIT TO DISPLAY WORK BY VIC DE LA ROSA AT A PUBLIC

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Employer identification number 13-3197949

PLAZA. THE AAP ALSO WORKED SYSTEMICALLY TO PROMOTE ARTISTIC FREEDOM BY HELPING INSTITUTIONS, INCLUDING PRIVATE UNIVERSITIES AND PUBLIC LIBRARIES, DEVELOP SOUND FREE EXPRESSION POLICIES FOLLOWING CENSORSHIP INCIDENTS. THE AAP ALSO LAUNCHED TWO PROJECTS IN 2015 INTENDED TO PREPARE ART STAKEHOLDERS FOR POTENTIAL CONTROVERSY: THE PILOT CURATORIAL SEMINAR ON NEGOTIATING CONTROVERSY WAS HELD IN MARCH IN NEW YORK, AND WE CONDUCTED THE FIRST ROUND OF A NATIONAL CURATOR AND MUSEUM DIRECTOR SURVEY, DESIGNED TO IDENTIFY THE VARIOUS PRESSURES THAT INFLUENCE PROGRAMMING DECISIONS. THE AAP CONTINUES ITS LEADERSHIP ROLE IN ARTSFEX, THE INTERNATIONAL ARTISTIC FREEDOM NETWORK, AND IN 2015, JOINED A PETITION IN SUPPORT OF A PALESTINIAN ARTIST SENTENCED TO DEATH FOR APOSTASY AND LED AN EFFORT TO SUPPORT DETAINED CUBAN ARTIST TANIA BRUGUERA.

THE FREE EXPRESSION NETWORK, AN ALLIANCE OF THE 45 LEADING ORGANIZATIONS DEDICATED TO PROTECTING AND PRESERVING FIRST AMENDMENT RIGHTS, PROMOTES COLLABORATIVE ACTIVITIES AND INFORMATION SHARING UNDER THE LEADERSHIP OF NCAC. FEN MEMBERS MEET REGULARLY TO REPORT ON ACTIVITIES OF MUTUAL CONCERN AND TO DEVELOP COORDINATED STRATEGIES. THE FEN LISTSERV FACILITATES COLLABORATIVE ACTIVITIES, INCLUDING JOINT CAMPAIGNS AND LETTERS, AMICUS BRIEFS, AND LEGISLATIVE COMMENTS AND TESTIMONY.

PUBLIC EDUCATION AND ADVOCACY: EACH YEAR, NCAC RECEIVES HUNDREDS OF REQUESTS FOR ASSISTANCE ON CENSORSHIP AND INQUIRIES ABOUT FREE SPEECH RIGHTS FROM TEACHERS, LIBRARIANS, ARTISTS, THE MEDIA, RESEARCHERS, STUDENTS AND OTHERS. IN ADDITION TO MAINSTREAM PRESS, NCAC UTILIZES ITS SOCIAL MEDIA AND INTERNET PLATFORMS TO EDUCATE AND ENCOURAGE Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15

20.00

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,

Employer identification number 13-3197949

INC. 13-3197949

INVOLVEMENT. IN 2015, NCAC'S REVAMPED WEBSITE, NCAC.ORG, SAW A 30

PERCENT INCREASE IN PAGE VIEWS, NCAC'S FACEBOOK PAGE INCREASED ITS

NUMBER OF "LIKES" BY 12 PERCENT, AND ON TWITTER, FOLLOWERS OF

GNCACENSORSHIP GREW BY 23 PERCENT. NCAC ALSO SENDS A BIWEEKLY

ENEWSLETTER TO 4,000 EMAIL SUBSCRIBERS AND A BIANNUAL PRINT EDITION OF

CENSORSHIP NEWS TO 8,000 DIRECT MAIL SUBSCRIBERS. IN PARTNERSHIP WITH

THE CENTER FOR DEMOCRACY & TECHNOLOGY, NCAC LAUNCHED ARTISTRIGHTS.INFO,

AN ONLINE ARCHIVE OF ARTISTIC FREEDOM CASES COUPLED WITH RESOURCES ON

ARTISTS' FREE SPEECH RIGHTS. NCAC CONTINUES TO BUILD ITS CENSORPEDIA, A

PARTICIPATORY WIKI OF CENSORSHIP INCIDENTS FROM THE IRON AGE TO THE

PUBLIC EVENTS INCLUDED A KEYNOTE ADDRESS BY NCAC'S EXECUTIVE DIRECTOR

AT THE CONFERENCE "OUTLAWED: THE NAKED TRUTH ABOUT CENSORED LITERATURE

FOR YOUNG PEOPLE" SPONSORED BY THE ARNE NIXON CENTER FOR THE STUDY OF

CHILDREN'S LITERATURE AT CAL STATE UNIVERSITY, FRESNO; MODERATING A

DISCUSSION ON SELF-CENSORSHIP AT THE FEAR OF ART CONFERENCE AT THE NEW

SCHOOL IN NEW YORK; AND IN PARTNERSHIP WITH PEN AMERICA, ORGANIZING A

PANEL DISCUSSION WITH CARTOONISTS TO DISCUSS QUESTIONS RAISED BY THE

CHARLIE HEBDO ATTACK. IN NOVEMBER, NCAC HELD ITS ANNUAL CELEBRATION OF

FREE SPEECH & ITS DEFENDERS EVENT, CHAIRED BY EXECUTIVES FROM HOUGHTON

MIFFLIN HARCOURT PUBLISHING AND HONORING AUTHOR LOIS LOWRY, WRITER

LARRY SIEMS, AND THE AUTHORS AND ILLUSTRATOR OF AND TANGO MAKES THREE.

MORE THAN 200 LUMINARIES FROM THE WORLDS OF LITERATURE, THE ARTS,

PUBLISHING, ENTERTAINMENT, LAW, AND BUSINESS ATTENDED THIS ANNUAL

GATHERING TO CELEBRATE THE FREEDOM TO EXPLORE, LEARN, THINK AND CREATE.

FORM 990, PART VI, SECTION B, LINE 11:

Schedule O (Form 990 or 990-EZ) (2015)

99.599.

TOTAL EXPENSES

FUNDRAISING EXPENSES

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC.	Employer identification number 13-3197949
OTHER FEES FUNDRAISING :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	23,363.
TOTAL EXPENSES	23,363.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	122,962.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
	<u> </u>

	10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 1

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction		0	1,172.	684.	108.	1,964.	1,964.						***************************************	-			
- Cur																	
Current Sec 179						0	0										
Accumulated Depreciation		1,494.	536.			2,030.	2,030.			2,030.	0	0	2,030.	3,994.	5,437.		
Basis For Depreciation		1,494.	4,272.	2,589.	1,076.	9,431.	9,431.			8,355.	1,076.	0	9,431.				
Reduction In Basis		·				0	0			0	0	0	0				
Bus % Excl											•		-				
Unadjusted Cost Or Basis		1,494.	4,272.	2,589.	1,076.	9,431.	9,431.			8,355.	1,076.	0.	9,431.				
L'sna No		16	16	16	16											 	
Life		5.00	5.00	5.00	5.00												
Method		SL	SL	SL	SL												
Date Acquired		020209SL	120713SL	120714SL	070115SL						-					 	
Description	MACHINERY & EQUIPMENT	1EQUIPMENT 0	2EQUIPMENT 1	3EQUIPMENT 1	0.00	MACHINERY & EQUIPM	PAGE 10 DEPR		CURRENT ACTIVITY	BEGINNING BALANCE	ACQUISITIONS	DISPOSITIONS	ENDING BALANCE	ENDING ACCUM DEPR	ENDING BOOK VALUE		
Asset								•									-

(D) - Asset disposed

528102 04-01-15

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction