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

OMB No. 1545-0047

Open to Public Inspection

A	For th	he 2019 calen	dar year, or tax y	ear begin	ning	onga-	, 201	9, and endi	ng		,		- 12 - 12		
В	Check if applicable C D Employer identification number														
	Ad	dress change	NATIONAL CO	OALITI	ON AGAIN	IST CENS	SORSHIP	,		13-3	31979	949			
	Na	ame change	INC.							E Telepho	në numb	er			
	Ho	itial return	19 FULTON :							(21)	2) 80	7-622	2		
	H	return/terminated	NEW YORK, 1	NY 100	38					(,					
	H	mended return								G Gross receipts \$ 868, 901.					
	$\mathbf{H}$	oplication pending	F Name and address	s of principal	officer CIID	TCMODUE	n w riv	13.37	H(a) is this	a group retur			Yes X No		
	⊔′*	Aprilog Court processing	SAME AS C		CHR	ISTOPHE	R M FIN	IAN	H(b) Are all	subordinates	included	,  -	Yes No		
$\overline{}$	Taxia	exempt status:	12.27	501(c) (	) ◄ /ir	isert no.)	4947(a)(1)	or 527	If "No,"	attach a list.	(see ins	tructions)			
<del>;</del>			W.NCAC.ORG	301(0) (	, ("	Dert Holy	1047(0)(1)	oi Joe/	UKAN Carra	exemption nu					
K		of organization:	X Corporation	Trust	Association	Other *	18	L Year of forma			-	gal domicile	NY		
_	rom			mst	Association	Other		L Tear of forma	nou: TAG	4 mis	tate of le	gal domicie	NI		
li de		Summar	y be the organization	on'e micei	on or most s	·· nonficent	antunting. 37	CLC DROW	OMEC E	DEEDOM	OF I	nii Oli Oli	m		
	l										Ur :	THOUGH	<u>. L</u>		
8	INQUIRY AND EXPRESSION AND OPPOSES CENSORSHIP IN ALL ITS FORMS.  2 Check this box >  if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)  3														
<u> </u>															
Š	2	Check this be	ox ► if the or	nanizatio	n discontinu	ed its opera	ations or dis	sposed of m	ore than 2	5% of its	net ass	ents			
8	3	Number of vo	oting members of	the gover	nina body (F	Part VI. line	1a)		010 1110112		3	,0.5.	15		
98			dependent voting								4		15		
Activities &	5	Total number	of individuals em	ployed in	calendar ye	ar 2019 (P	art V, line	2a)			5		8		
3			r of volunteers (es								6		10		
AC			ed business rever								7a		0.		
	ь	Net unrelated	i business taxable	income	from Form 9	90-T, line 3	39				7b		0.		
										rior Year		and the second second	ent Year		
Ð	ı										75.		534,424.		
Revenue		_	*		-					1,0			286.		
eve											74.		3,594.		
Œ										300,2			292,197.		
_			e – add lines 8 th							771,6	00.		830,501.		
			imilar amounts pa										- 25		
													1		
40	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)							731,098.				824,188.		
Expenses	16a														
e d	Ь	Total fundrais	sing expenses (Pa	art IX, col	umn (D), lin	e 25) 🟲		150,659.							
ம	17	Other expens	ses (Part IX, colur	nn (A), fir	nes 11a-11d,	11f-24e)				429,2	98.		480,697.		
			es. Add lines 13-1							,160,3			304,885.		
			expenses. Subtr							-388,7			474,384.		
88			,							ng of Curren	_		of Year		
lenc		Total assets	(Part X, line 16).							,428,6			962,828.		
10	21		s (Part X, line 26							15,0			21,022.		
Net As	22	Net assets or	fund balances. S	Subtract li	ne 21 from l	ine 20			. 1	,413,6			941,806.		
-	All	Signatur								., 110, 0			241,0001		
			oclare that I have exam	ined this reti	m inclution acr	omnamma sci	hedules and sta	tements, and to	the best of m	n inoviedne	and belie	f district	correct, and		
com	plete_De	eclaration of prepa	arer (other than officer)	is based on	all information o	which prepare	er has any knov	viedge.	ore ocal or in	y reconcease	and inquire				
Sig	ın	Signatu	ire of officer						Da	te					
He		► CHR	ISTOPHER M	FTNAN					EXECU	JTIVE I	OTREC	TOR			
			print name and title												
_		Print/Type i	preparer's name		Preparer's sign	nature		Date		Check	it	PTIN .			
Pa	id	KEVIN	R. FRANCIS	, CPA						self-employe	- 1	P00522	000		
	iu epare	_			PANY T.T.	P					[4				
	e On	de a	n's name FIFKIN & COMPANY, LLP n's address 445 ROUTE 304							Firm's EIN - 13-4042845					
		∵y remsador	BARDONI	******	10954					Phone no	(845		-3884		
Mar	e tho 1	IDS discuss th	ic return with the			n2 /con in/	tructione)		· · · · · · · · · · · · · · · · · · ·	THATTE NO.	(045	023°			

Form	n 990 (2019) NATIONAL COALITION AGAINST CENSORSHIP,	13-319794	Page 2
Par	Till Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	NCAC PROMOTES FREEDOM OF THOUGHT, INQUIRY AND EXPRESSION AND OPP	OSES CENSORS	SHIP IN
	ALL ITS FORMS.		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	
	Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so	ervices?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4		vices as measure	1 hv eynenses
	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	ns to others, the to	tal expenses,
	and revenue, if any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 427,471. including grants of \$) (	Revenue \$	)
	NCAC'S 2019 STATEMENT OF ACTIVITIES		
	CORE PROGRAM		
41	b (Code: ) (Expenses \$ 419, 206, including grants of \$ ) (	Revenue \$	)
	SEE SCHEDULE O		
	211 20112011 7		
	(Code ) (Forestee C ) and and installed a sector of C )	D 6	
40	c (Code:) (Expenses \$ 230,368, including grants of \$) (	Revenue 5	
	SEE_SCHEDULE_O		
40	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
40	e Total program service expenses ► 1.077.045.		

BAA	TEEA0103L 07/31/19	Form	990	(2019)				
	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		Х				
ŀ	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х					
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 (see instructions)	17		Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х				
- 1	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	14Ь		x				
14	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X				
1	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х				
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х				
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	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	11 d		Х				
	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х				
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	Х					
11	or X as applicable.							
	Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х				
,	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.							
9	<ul> <li>complete Schedule D, Part III.</li> <li>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian</li> </ul>							
8	environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		×				
7	Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space, the	6	-	<u>X</u>				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,			- 715				
5		5		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes' complete Schedule C. Part II	4		х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.		Yes	No				
			V	Man				

	n 990 (2019) NATIONAL COALITION AGAINST CENSORSHIP, 13-31979	<del>1</del> 49	F	age 4
Pa	Tt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		-
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	. 24d		
25 8	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		x
27		27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
4	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
- 1	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	olf '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	35b		
36	organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	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 it Schedule O cultaris a response of hote to any fille in this Part V		-	_
	a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	0		

Form 990 (2019) NATIONAL COALITION AGAINST CENSORSHIP,

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	12.00	- 3	
3:	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
4:	a 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)?	4 a		х
- 1	of 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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	of 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		_
6	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?	6 a	X	
- 1	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
- 1	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
- 1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
9	of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
i	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ъ		
	Section 501(c)(7) organizations. Enter:	- 10		
	Initiation fees and capital contributions included on Part VIII, line 12			150
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
	against amounts due or received from them.).	9. 30		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	5 6		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12		
ě	Is the organization licensed to issue qualified health plans in more than one state?	13a	- 3	
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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.  Enter the amount of reserves on hand	42.71		
	Enter the amount of reserves on hand	24-		X
	of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a		
	- C - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If 'Yes,' see instructions and file Form 4720, Schedule N.	15		Х
10		35	400	Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	0 0	^
ΔΔ		Form	000	(2019)

Form 990 (2019) NATIONAL COALITION AGAINST CENSORSHIP. 13-3197949 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions 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 1 a Enter the number of voting members of the governing body at the end of the tax year, 1 a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent.... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Δ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7Ь X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... X 8 a b Each committee with authority to act on behalf of the governing body?... X 86 9 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 on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a 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? . . . 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . SEE . SCHEDULE . O X 12 c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE .O 15 a X b Other officers or key employees of the organization... SEE . SCHEDULE . O. X 15 b 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 taxable entity during the year?..... 168 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? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION 19 FULTON STREET NEW YORK NY 10038 (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

- 1 a 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.

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

Check this box if neither the organization nor any relati	ed organiz I	ation	COL	nper (C)		d any	cu	rrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours per week	tha	bott dir	(do n box, an c ector	ot che unles officer /truste		ors.	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from
	(list any hours for related organiza- tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	(cy employee	Highest compensated employee	rmer			the organization and related organizations
(1) CHRISTOPHER M FINAN EXECUTIVE DIR.	- <u>40</u> -	x		х	_			160,000.	0.	0.
(2) JON ANDERSON CHAIRMAN	1	х		х				0.	0.	0.
(3) MICHAEL BAMBERGER DIRECTOR	- <u>1</u>	х						0.	0.	0.
(4) JOAN BERTIN DIRECTOR	- <u>1</u> -	x						0.	0.	0.
(5) JUDY BLUME DIRECTOR	- <u>1</u> -	X						0.	0.	0.
(6) SUSAN CLARE DIRECTOR	- <u>1</u>	Х						0.	0.	0.
(7) ERIC M FREEDMAN DIRECTOR	- <u>1</u> -	Х						0.	0.	0.
(8) ROBIE H. HARRIS DIRECTOR	- <u>1</u>	X						0.	0.	0.
(9) PHIL HARVEY DIRECTOR	<u>1</u>	Х						0.	0.	0.
(10) MICHAEL JACOBS TREASURER	- <u>1</u> -	х		х				0.	0.	0.
(11) EMILY J.M. KNOX, PHD DIRECTOR	1	Х						0.	0.	0.
(12) CHRIS PETERSON DIRECTOR	- <u>1</u> -	Х						0.	0.	0.
(13) JULIE SAMUELS DIRECTOR	1	х						0.	0.	0.
(14) LARRY SIEMS DIRECTOR	1	x						0.	0.	0.

Part VII   Section A. Officers, Directors, Tru	istees, I	Key	En	1pk	oye	es,	and	d Highest Com	pensated Emp	oyees (continued)
	(B)			•	C)					
(A) Name and title	Average hours per	box	unk	check ras po	erson direct	than is bot	h an toe)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount
	week (list any hours for	or director	rustin.	Officer	Key o	Highes	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	of other compensation from the organization and related
	related organiza - tions below	ndividual trustee or director	nstitutional trustos	ч	Key employee	est comp	G.			organizations
	dotted line)	sice	uslee Uslee		6	Highest compensated employee				
(15) EMILY WHITFIELD DIRECTOR	1	х						0.	0.	0.
(16)		-							0.	<u> </u>
(17)			Г							
(18)										
(19)			П							
(20)			Н							
(21)					-					
(22)										
(23)			П							
(24)			Н							
(25)			Н							
1 b Subtotal						_	<b></b>	160,000.	0.	0.
c Total from continuation sheets to Part VII. Secti	on A						▶ '	0.	0.	0.
d Total (add lines 1b and 1c)						24.40	<b>▶</b> '	160,000.	0.	0.
2 Total number of individuals (including but not limited		isted	abo	ve) v	who	recei	ved			
from the organization   1					_	_				Iv Iv
Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, truste	e, ke	зу е	mple	oyee	, or	high	nest compensated	employee	Yes No
For any individual tisted on line 1a, is the sum of the organization and related organizations greater	reportab	le co	mpe	ensa If 'Y	tion	and	oth	er compensation : te Schedule J for	from	
5 Did any person listed on line 1a receive or accrus	e compen	satio	n fr	Om	anv	unre	late	d ornanization or	individual	4 X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	comple	te So	chec	lule	J fo	r suc	h p	erson		5 X
Complete this table for your five highest compensation from the organization. Report compensation from the organization.	sated inde	epen the c	den alen	t cor	ntrad	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business add					,			(B) Description of	1	(C) Compensation
-									-	
							_			111-22/96
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ited t	o the	ose I	isted	l abo	ve)	who received more	than	
PAA		TECAL	11/501	075	21.110		_			Form 994 (2019)

	1990 (2019) NATIONAL COALITION AGAINST CE		13-3197949	Page 5	
Pai	t VIII Statement of Revenue  Check if Schedule O contains a response or note to ar	ny line in this Part VII	l	**********	**********
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Tts Tts	1 a Federated campaigns 1 a				
Sra	b Membership dues 1b 38,550.				1 10 11 12
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events 1 c				
F I	d Related organizations 1 d e Government grants (contributions) 1 e				
SE SE	f All other contributions, gifts, grants, and		P - 32		
H F	similar amounts not included above 1f 495,874.	( N 1998			
돌	g Noncash contributions included in lines 1a-1f.				
Con	h Total. Add lines 1a-1f	534,424.			
	Business Code				
Program Service Revenue	2ª RELATED REVENUE 451211	286.	286.		
e H	b				
Ş.		-			
S		<del>                                     </del>			
E	f All other program service revenue	<del>                                     </del>			
ဦ	g Total. Add lines 2a-2f	286.			7
_	3 Investment income (including dividends, interest, and	200.	-		
	other similar amounts)	3,594.	3,594.		
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties				
	(i) Real (ii) Personal  6a Gross rents 6a 42 840	(CO.)	7 - 5 - 7	3	MADE YES
	6a Gross rents 6a 42,840.				
	c Rental income or (loss) 6c 42,840.				
	d Net rental income or (loss)	42,840.			42,840.
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory 7a		FORM THE		
	b Less: cost or other basis	Eller on the later	10 × 10 0 1	STATE OF THE REAL PROPERTY.	
	and sales expenses 7b	LOVE TO THE	-	2	
	c Gain or (loss) 7c				
Other Revenue	8 a Gross income from fundraising events (not including \$				
ave.	of contributions reported on line 1c).				
Ģ	See Part IV, line 18 287,757.		A BOOK		
2	b Less: direct expenses				
ō	c Net income or (loss) from fundraising events	249,357.		-	249,357.
	9a Gross income from gaming activities. See Part IV, line 19 9a	TOUR TRAFF	1000	Mary III	
	b Less: direct expenses 9b	1	4.5		
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less				
	b Less: cost of goods sold	(a) E = 10 = 10 a			
_	c Net income or (loss) from sales of inventory.				
S S	Business Code			No.	
Scellaneous Revenue	```` <u>`</u>			c	
Scellaneo Revenue	с				
8 2	d All other revenue				D 2 11 11 2 12

e Total. Add lines 11a-11d

12 Total revenue. See instructions

830,501

3,880.

0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees: 160,000 143,355 16,645. 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 O 0 0. Other salaries and wages 521,484. 461,638 59,846. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,578 12,057 326. 1,195. Other employee benefits 75,937 67,433 1,822. 6,682. 10 Payroll taxes 53,189 47.232 1.277. 4,680. 11 Fees for services (nonemployees): a Management ... **b** Legal c Accounting. 7,600 7,600 d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5CH 193,775. 134,411 27,009. 32,355. Advertising and promotion ...... 13 Office expenses 44,104 6,151. 51,280. 1,025. 14 Information technology...... 33,083. 28,452 2,646. 1,985. 15 Royalties 129,843 16 Occupancy.... 111,666 15,581 2,596. 17 7.717. 5,312 551 1.854. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization 143. 1,196 1,029 24. 7,196 6,190 863 143. Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10,902. 18,228 6,455 871 PRINTING AND PUBLICATIONS b EVENTS 17,678 17,678. c POSTAGE AND SHIPPING 5,979 2,173 152 3,654. d TELEPHONE 5,320 4.576 106. 638. e All other expenses... 1,802. 962. 683. 157. 25 Total functional expenses. Add lines 1 through 24e. 1,304,885. 1,077,045. 77,181. 150,659. 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)

		Check if Schedule O contains a response or note to	any line in this F	art X			
200					(A) Beginning of year	V.	(8) End of year
	1	Cash — non-interest-bearing			274,945.	1	153,895.
	2	Savings and temporary cash investments		[	1,089,295.	2	627,018.
	3	Pledges and grants receivable, net				3	76575275
1	4	Accounts receivable, net			16,910.	4	133,200.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (as defined	under		6	
	7	Notes and loans receivable, net				7	
22	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			11,388.	9	6,029.
As	i -	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		0,904.	11,300.		3,025.
- 8		Less: accumulated depreciation		8,943.	3,157.	10 c	1,961.
	11	Investments – publicly traded securities			10,237.	11	18,026.
0	12	Investments – other securities. See Part IV, line 11.				12	20,020.
4	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets		14	1 5000 20 1000		
	15	Other assets. See Part IV, line 11			22,699.	15	22,699.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,428,631.	16	962,828.
_	17	Accounts payable and accrued expenses			13,423.	17	19,422.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
9	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, director, trus Itor, or 35% Isons	tee,		22	
-1	23	Secured mortgages and notes payable to unrelated th		la la		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			1,600.	25	1,600.
	26	Total liabilities. Add lines 17 through 25.			15,023.	26	21,022.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>X</b>			7	
등	27	Net assets without donor restrictions		ŀ	1,083,083.	27	918,356.
Bal	28	Net assets with donor restrictions			330,525.	28	23, 450.
Net Assets or Fund Bala		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	_		330,323.		25,450.
占	29	Capital stock or trust principal, or current funds		. I		29	
12	30	Paid-in or capital surplus, or land, building, or equipm		L	··	30	- 1912-07
35	31	Retained earnings, endowment, accumulated income,		L		31	72-27
Š	32		or other rands,		1,413,608.	32	941,806.
2	33	Total liabilities and net assets/fund balances.			1,428,631.	33	962,828.
					1/720,001.		202,020.

		13-	3197949		Pa	ge 12
Pa	Reconciliation of Net Assets	2.7.540				
	Check if Schedule O contains a response or note to any line in this Part XI					¥ 92.
1	Total revenue (must equal Part VIII, column (A), line 12)		1	8	30,5	01.
2	Total expenses (must equal Part IX, column (A), line 25)		2	1.3	04,8	85.
3	Revenue less expenses. Subtract line 2 from line 1		3		74,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		13,6	
5	Net unrealized gains (losses) on investments		5			82.
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	40	
Dai	column (B)) T XII Financial Statements and Reporting		10	9	41,8	106.
ra						
	Check if Schedule O contains a response or note to any line in this Part XII					:
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain				Yes	No
2:	in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:    Separate basis	viewe	ed on a			
ı	Were the organization's financial statements audited by an independent accountant?			2Ь	Х	į.
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both:    X   Separate basis	ерага	ite			
(	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?			2 c	х	
3:	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					97
-	Audit Act and OMB Circular A-133?	3.0		امةا		X

3Ь

Form 990 (2019)

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

A TEEA0112L 01/21/20

BAA

## SCHEDULE A (Form 990 or 990-EZ)

## **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.

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name o	NATIONAL COALITION AGAINST CENSORSHIP,  TNC  Employer identification number											
INC.   13-3197949   Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
		nization is not a private found						arons.				
1		A church, convention of church		3		-						
2	Н	A school described in section 1	-			71.71.71	1).					
3	Н	A hospital or a cooperative h		•		*	VIII					
4	Н	A medical research organiza					** *	atas the been likelie				
~	Ш	name, city, and state:	non operated in conju	anction with a nospital	describe	u III Sec	aion 170(b)(1)(A)(iii). E	ther the hospital's				
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit d	escribed in				
6		A federal, state, or local government	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Ц	A community trust described										
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
10	П	university:										
10	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)											
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	509(a)(4).					
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in											
a	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	ation supervised or coorganization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or tion(s). You				
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, at	nd function	onally integrated with, its	supported				
d		Type III non-functionally integrated. The of	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s	) that is not				
е	П	instructions). You must com Check this box if the organiz	plete Part IV, Section	s A and D, and Part V.								
	_	integrated, or Type III non-fu	nctionally integrated	supporting organizatior	1.		а турет, туретт, тур	HI Turctionally				
		ter the number of supported ( ovide the following information	•									
_		me of supported organization	(ii) EIN	(lii) Type of organization	4.51		(V) Amount of monetary	(vi) Amount of other				
	,	The stranger of the stranger o	(11) 2.11	(described on lines 1-10 above (see instructions))	(iv) i organizat in your g docur	overning	support (see instructions)	support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)					100000000000000000000000000000000000000							
Total												

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

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

Sec	tion A. Public Support		38336				
	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		907.884.	1,038,425.		788,023.	822,467.	4,707,773.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		7,000,000				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	907,884.	1,038,425.	1,150,974.	788,023.	822,467.	4,707,773.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on tine 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						4,707,773.
Sec	tion B. Total Support			W SALWAY			
	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	907,884.	1,038,425.	1,150,974.	788,023.	822,467.	4,707,773.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,997.	38,890.	38,782.	3,574.	3,574.	123,817.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		30,030.	307.321	43,345.	42,840.	86,185.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support, Add lines 7 through 10						4,917,775.
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<b>-</b>
	tion C. Computation of Pul						
	Public support percentage for 20	•					95.73%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14			15	96.14%
16a	33-1/3% support test – 2019. If the and stop here. The organization	ne organization d qualifies as a pu	d not check the b blicly supported o	ox on line 13, and rganization	line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test – 2018. If the and stop here. The organization	e organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a, rganization	and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts a	and-circumstances	s' test, check this l	box and <b>stop he</b> r	e. Explain in Part	Vi how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts a d-circumstances'	and circumstances test. The organiza	s' test, check this lation qualifies as a	box and stop her publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Calen	dar year (or fiscal year beginning in) 🛰	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						13
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or						
2	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			W.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, i	or fifth tax year as	a section 501(c)(3)	uaraanam≯ 🔲
_	tion C. Computation of Pul						
	Public support percentage for 20	-			• •	15	8
	Public support percentage from 2		•			16	Ý
	tion D. Computation of Inv						
17	Investment income percentage for	•	• •	-	lumn (f))	17	96
18						18	ક
	33-1/3% support tests—2019. If is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	orania mari
	33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 (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
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes, complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, enswer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

538		Yes	No
		No.	
	1		Continued in
		1017	
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	3b		
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1	8		
	9a		
200	9b	1076	
10	9c		
	W		
	10a		
	10b		9

Pa	rt IV   Supporting Organizations (continued)			- 5-
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  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		
	h A family member of a person described in (a) above?	11ь		
	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		
Sec	ction B. Type I Supporting Organizations		100,000	
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
1	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No describe in			
	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	ction 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	_		
		- 37.5	Yes	No
- 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	49	13	
	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		
			127.20	a water
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		
Ser	ction E. Type III Functionally Integrated Supporting Organizations	-		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).			
	The organization satisfied the Activities Test. Complete line 2 below			
١	The organization is the parent of each of its supported organizations. Complete line 3 below.			
1	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstruci	tions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	B Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a	Marine State	A 600
١	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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	200	
	b 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		

Pā	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting On	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trinstructions. All other Type III non-functionally integrated supporting organizations.	ust on No tions mus	v. 20, 1970 (explain it t complete Sections A	n Part VI). See through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		0
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		0
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 tine 4)	8		
Sec	ction 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 shot tax year or assets held for part of year):	п		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		20 0/2/20 00
	Fair market value of other non-exempt-use assets	1c		5.0
	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 tine 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		
Sec	tion C — Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	. 1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegrated	Type III supporting or	ganization

BAA

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
	tion D - Distributions		23.002	Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			3.44
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	1000000000		3107
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		= XV2277-	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
	Excess distributions carryover, if any, to 2019			the many of managery
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
a	Applied to underdistributions of prior years		1	
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017.			
d	Excess from 2018			
е	Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,  Employer identification number				
	INC.	1 COMMITTON MONTHLY	13-3197949	
Organiza	ition type (check one):			
Filers of:	:	Section:		
Form 996	) or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on	
Form 990	).PF	527 political organization		
		501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
		ed by the <b>General Rule or a Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	nacial Dula. San instructions	
note. On	ily a section sorte)(/),	(a), or (10) digastization can theth boxes for both the General Note and a 3	pecial (due. See hishachons.	
General	Rule			
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contributions		
Special I	Rules			
X	under sections 509(a)( received from any on	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 ne 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that	
	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, scient revention of cruelty to children or animals. Complete Parts I, II, and III.		
	during the year, control \$1,000. If this box is charitable, etc., purpo	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receibutions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the years. Don't complete any of the parts unless the General Rule applies to this evely religious, charitable, etc., contributions totaling \$5,000 or more during the	tributions totaled more than r for an <i>exclusively</i> religious, organization because	
Caution:	An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Sched	ule B (Form 990, 990-EZ, or	

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

-			
NATTONAL.	CONTITTON	AGAINST	CENSORSHIP

13-3197949

Faitt	Contributors (see instructions). Use duplicate copies of Part Lif additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABRAMS  195 BROADWAY  NEW YORK, NY 10007	\$12,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PHILIP D HARVEY  1001 CONNECTICUT AVE NW, ST 80  WASHINGTON, DC 20036	\$70,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HUMBLE BUNDLE - PAYPAL GIVING FUND  160 SPEAR STREET  SAN FRANCISCO, CA 94105	\$148,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PENGUIN YOUNG READERS GROUP  1745 BROADWAY  NEW YORK, NY 10019	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PENGUIN RANDOM HOUSE LLC  1745 BROADWAY  NEW YORK, NY 10019	\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SCHOLASTIC INC.  557 BROADWAY  NEW YORK, NY 10012	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

NATIONAL COALITION AGAINST CENSORSHIP,

2 Employer identification number 13-3197949

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANONYMOUS  19 FULTON STREET  NEW YORK, NY 10038	\$35,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SIMON & SCHUSTER  1230 AVE OF THE AMERICAS  NEW YORK, NY 10020	\$25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	EDWARD Z. TABASH  16656 CUMBRE VERDE COURT  PACIFIC PALISADES, CA 90272	\$ <u>15,000.</u>	Person X  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		69	Person Payroll Omnocash Complete Part II for noncash contributions.)

nume or organization		Cimproyer roenuncation number
NATIONAL COALITION AGAINST	CENSORSHIP,	13-3197949

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	N/A	\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	<b></b>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received		
		\$			
(a) No. from Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
BAA	Sche	dule B (Form 990, 990-EZ	or 990-PF) (2019)		

	3 (Form 990, 990-EZ, or 990-PF) (2019)			1	1	Page 4
Name of organ	nization AL COALITION AGAINST CENSORS	HIP,		Employer id 13-319	dentification num	nber
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	tc., contributions to organiz he year from any one contribut ompleting Part III, enter the total o (Enter this information once. See	or. Complet	escribed in section e columns (a) through (e) My religious, charitable,	n 501(c)(7	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d Description of h	) low gift is he	eld
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor t	to transferee	1
į					 	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d Description of h	) low gift is he	eld
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relat	tionship of transferor t	o transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d Description of h	) ow gift is he	eld
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of transferor t	to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d)	)	
Part I	Pulpose of gift			Description of its	ow girt is ne	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relat	ionship of transferor t	o transferee	,

# SCHEDULE D (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.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL COALITION AGAINST CENSORSHIP

	INC.		13-3197949
Par		er Similar Funds or A	
1 -61	Complete if the organization answered 'Yes' on Form 990		
	(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 are the organization's property, subject to the organization's exclusive legal	assets held in donor advise	ed funds
6	Did the organization inform all grantees, donors, and donor advisors in writing for charitable purposes and not for the benefit of the donor or donor advisor, impermissible private benefit?	ng that grant funds can be u	used only
Par			
- 22	Complete if the organization answered 'Yes' on Form 990		
1	Purpose(s) of conservation easements held by the organization (check all the	<u></u>	
	Preservation of land for public use (for example, recreation or education)		torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation cont	tribution in the form of a cons-	ervation easement on the
	last day of the tax year.		Held at the End of the Tax Year
-	Total number of conservation easements	2 a	neid at tile End of tile Tax Teal
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included		
C	I Number of conservation easements included in (c) acquired after 7/25/06, ar structure listed in the National Register	nd not on a historic 2d	
3	Number of conservation easements modified, transferred, released, extinguished,		tion during the
	tax year ►		
4	Number of states where property subject to conservation easement is located >		
5	Does the organization have a written policy regarding the periodic monitoring and enforcement of the conservation easements it holds?		olations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	, and enforcing conservation (	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	l enforcing conservation easer	ments during the year
	<u> </u>		
8	Does each conservation easement reported on line 2(d) above satisfy the reand section 170(h)(4)(B)(ii)?	quirements of section 170(h	n)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements include, if applicable, the text of the footnote to the organization's financial separated appropriate appropriate.	n its revenue and expense statements that describes the	statement and balance sheet, and ne organization's accounting for
Par	conservation easements.        Organizations Maintaining Collections of Art, Historical	Treasures or Other S	milar Assets
Far	Complete if the organization answered 'Yes' on Form 990	, Part IV, line 8.	illillar Assets.
1 a	If the organization elected, as permitted under FASB ASC 958, not to report historical treasures, or other similar assets held for public exhibition, educati Part XIII the text of the footnote to its financial statements that describes the	ion, or research in furtherar	nd balance sheet works of art, nce of public service, provide in
Ŀ	If the organization elected, as permitted under FASB ASC 958, to report in in historical treasures, or other similar assets held for public exhibition, education, or following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other simil amounts required to be reported under FASB ASC 958 relating to these item	ar assets for financial gain, p	rovide the following
	Revenue included on Form 990, Part VIII, line 1		ggg::24 ►\$
1	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019 NATION				13-319			Page 2
Part III Organizations Maintain	ing Collections	of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (coi	ntinu	ed)
3 Using the organization's acquisition, a items (check all that apply):	accession, and other	records, check a	ny of the following that n	nake significant use of its	collection		
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e Other		<u>.</u> <u>.</u>			
c Preservation for future generat	ions	_					
4 Provide a description of the organizat Part XIII.							
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive in to be maintained	donations of ar	t, historical treasures, organization's collection	or other similar assets	Yes		No
Partily Escrow and Custodial A	Arrangements. mount on Form	Complete if to 990, Part X,	the organization and line 21.	iswered 'Yes' on Fo	rm 990,	, Pari	i IV,
1 a is the organization an agent, truste on Form 990, Part X?				er assets not included	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and com	biere rue ionom	ng table:		A		
- Designing belongs					Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance  2 a Did the organization include an am				11 2 2	124		1
b If 'Yes,' explain the arrangement in					Yes		No
Part V Endowment Funds. Con	mplete if the or	ganization ar	swered 'Yes' on Fo	orm 990, Part IV, lii	ne 10.		
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) For	ur years	back
1 a Beginning of year balance.						s C. 752	
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							To the Las
g End of year balance							5.JTN 181550
2 Provide the estimated percentage of	of the current year	end balance (lir	ie 1g, column (a)) held	as:			
a Board designated or quasi-endowmen	t 🟲	p o					
b Permanent endowment ►	9'0						
c Term endowment	20						
The percentages on lines 2a, 2b, and	2c should equal 100	)%.					
3a Are there endowment funds not in the organization by:	possession of the o	rganization that a	are held and administered	d for the	Г	Yes	No
(i) Unrelated organizations					. 3a(i)		
(II) Related organizations					3a(ii)		
b If 'Yes' on line 3a(ii), are the relate					3b		
4 Describe in Part XIII the intended u							
Part VI Land, Buildings, and Ed							
Complete if the organiza		'Yes' on Fori	m 990, Part IV, line	11a. See Form 99	0, Part	X, lir	ne 10.
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1 a Land					September 1		- 3

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				1998 (1)
b Buildings				0.00
c Leasehold improvements				98240.0
d Equipment		10,904.	8,943.	1,961.
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c)	TOTAL REPORT OF THE PARTY OF TH	1,961.

BAA

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 NATIONAL COALITION	AGAINST CENSO	RSHIP,	13-3197949	Page 3
Part VII Investments — Other Securities.  Complete if the organization answered		N/A		 (. line 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end of year market va	
(1) Financial derivatives				77.2
(2) Closely held equity interests.				98
(3) Other		- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
(A)	<del></del>	- 1070 AD		
(B)	+			1
(C)				
(D)				
(E)				
(F)		. 20202		
(G)				- 575
(H)				
(1)		510	70-120-	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments — Program Related. Complete if the organization answered	1\(\dagger\) == F=== 000	N/A	Farm 000 Dad V	15 12
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	rollii 990, Part A	, line 13.
(1)	(D) Dook Value	(c) Motified of Valuation. Co	at or end or year man	tot value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		4.00		
(9)				
(10)	,			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
Complete if the organization answered	N/A	) Part IV line 11d See	Form 000 Port V	line 15
	res on Form 990	o, Fartiv, line itu. See	(b) Book	, IIIIe 15.
(1)	30113011		(D) Book	Taluc
(2)				
(3)				
(4)	·			
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		MINARY >	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	le or 11f. See Form 990, Part		
	ption of liability		(b) Book	value
(1) Federal income taxes				1 600
(2) SECURITY DEPOSITS PAYABLE (3)				1,600.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

(11)

1,600.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	The state of the s
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Exper Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25;	
a Donated services and use of facilities 2 a	
b Prior year adjustments 2 b	
c Other losses	N
d Other (Describe in Part XIII.)	Daniel B
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII   Supplemental Information.	

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

BAA

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

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

NATIONAL COALITION AGAINST CENSORSHIP, Employer identification number INC. 13-3197949								
Fundraising Activities, Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.								
Form 990-EZ filers are not re  1 Indicate whether the organization is				lowing activities. Check	all that	apply.		
a X Mail solicitations		ough only		X Solicitation of non-		–		
b X Internet and email solicitations			1		-	-		
c Phone solicitations			g			_		
d In-person solicitations			-	<u> </u>	,			
2a Did the organization have a written or	r oral agreement	with any i	ndividual (	including officers, directo	rs trusta	es nr kev		
employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundraising	service	5?	Yes X No	
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	lividuals or enti le organization.	ties (fundi	raisers) pi	ursuant to agreements	under w	hich the fundrai	ser is to be	
		ZIIIN DIA	fun denina		(v) Ar	mount paid to	(vi) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or	retained by) aiser listed in	(or retained by)	
or orang (tanalasar)		of contr	ibutions?	noin deanty	C	olumn (i)	organization	
_		Yes	No				*****	
1								
2			!					
3								
4								
5								
3								
6								
				· · · · · · · · · · · · · · · · · · ·				
7								
8								
9								
10								
10								
T-1-1							_	
3 List all states in which the organization				contributions or has been	notified	it is exempt from	0.	
or licensing.	ui is iedipinini	or incerped	TO SUILLE	Ond Dudon S Of Has Deet!	nonneu	it is everibly itolii	registration	

Sche	dule	G (Form 990 or 990-EZ) 2019 NATIONA	L COALITION AG	AINST CENSORSHI	IP, 13-31	97949 Page 2		
Par		Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great events with gross receipts.	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.		
R			(a) Event #1  ANNUAL BENEFIT (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
RE>世とした	1	Gross receipts	287,757.			287,757.		
-	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	287,757.			287,757.		
	4	Cash prizes						
Ď	5	Noncash prizes						
D - RECT	6	Rent/facility costs	38,400.			38,400.		
	7	Food and beverages						
X P F	8	Entertainment		ı				
EXPERSES	9	Other direct expenses						
5	10 11	Direct expense summary, Add lines 4 thr Net income summary, Subtract line 10 fro	ough 9 in column (d) om line 3, column (d)			38,400. 249,357.		
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than		
REVENUE		The second secon	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
N U E	1	Gross revenue						
	2	Cash prizes.						
DIPENSECT S	3	Noncash prizes						
Č S T E S	4	Rent/facility costs						
	5	Other direct expenses.						
	6	Volunteer labor	Yes 8	Yes <sup>8</sup>	Yes %			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
		er the state(s) in which the organization co						
		e organization licensed to conduct gamino o,' explain:		ese states?		, Yes No		

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

Sche	edule G (Form 990 or 990-E2) 2019 NATIONAL COALITION AGAINST CENSORSHIP,	3-319/949	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 to administer charitable gaming?	Yes	No
13	Indicate the percentage of garning activity conducted in:		
	The organization's facility	13a	*
t	An outside facility	13Ь	0/0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name >		
	Address ►		
t	Does the organization have a contract with a third party from whom the organization receives gaming revenue of lf 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ \$ If 'Yes,' enter name and address of the third party:	e? Yes e amount	No
	Name ►		
	Address •		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ► \$		
	Description of services provided *		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations.		No
	organization's own exempt activities during the tax year > \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (III) and ( y additional	v);

## **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

Open to Public Inspection

OMB No.: 1545-0047

NATIONAL COALITION AGAINST CENSORSHIP,

13-3197949 Partil Questions Regarding Compensation

	the description of the state of				
1:	Check the appropriate box(es) if the organization provided any of	the following to or for a person listed on Form 990. Part	- 10	Yes	No
	VII, Section A, line 1a. Complete Part III to provide any relev	ant information regarding these items.		818	
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	10		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
Ŀ	If any of the boxes on line 1a are checked, did the organization fo		1000		
	reimbursement or provision of all of the expenses described a	above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursin		2000	-	
	trustees, and officers, including the CEO/Executive Director, a		2		
3	Indicate which, if any, of the following the organization used to es Executive Director. Check all that apply. Do not check any bo establish compensation of the CEO/Executive Director, but ex-	oxes for methods used by a related organization to xolain in Part III.	130		
	X Compensation committee	Written employment contract PART III		. 7.9	
	Independent compensation consultant	X Compensation survey or study	- 3		
	X Form 990 of other organizations	X Approval by the board or compensation committee	113		
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:	Section A, line 1a, with respect to the filing			
	Receive a severance payment or change of-control payment?		4 a		Х
Ŀ	Participate in, or receive payment from, a supplemental nonc	qualified retirement plan?	4 b		Х
•	: Participate in, or receive payment from, an equity-based com	-	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	he organization pay or accrue any compensation		- 10	
2	The organization?		5 a		Х
t	Any related organization?		5 b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.				
_	For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the net earnings of:				Mary II
	The organization?		6a		X
Ŀ	Any related organization?		6Ь		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in		7		х
8	Were any amounts reported on Form 990, Part VII, paid or ac	ccrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations sectiff 'Yes,' describe in Part III.	ion 53.4958-4(a)(3)?	8	·	Х
9	If 'Yes' on line 8, did the organization also follow the rebuttable presenting 53 4958-6(c)?	resumption procedure described in Regulations			

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

Schedule J (Form 990) 2019

NATIONAL COALITION AGAINST CENSORSHIP

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019 Part II

Page 2

13-3197949

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

(F) Compensation in column (B) reported as deferred on prior Form 990 Schedule J (Form 990) 2019 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 160,000. (E) Total of columns(B)(i)·(D) 0,0 (D) Nontaxable benefits 1 010 (C) Retirement and other deferred compensation ı ا ا (fill) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 1 이 0 (ii) Bonus & incentive compensation TEE AN ICE. 160,000. (0 Base conpensation € € (E) € € ⊕ €  $\in$   $\Xi$  $\in$  $\in$  $\in$ € € € €  $\in \Xi$  $\in \Xi$ € € €€  $\in \Xi$ € € (A) Name and Title CHRISTOPHER M FINAN EXECUTIVE DIR N m Ŋ 9  $\infty$ 6 9 12 33 7 15 9 Ξ

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

THE ORGANIZATION CONDUCTED A STUDY OF SIMILAR SIZE ORGANIZATIONS IN THE SAME

GEOGRAPHIC AREA TO COMPARE COMPETITIVE SALARIES.

Schedule J (Form 990) 2019

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC.

13-3197949

Employer identification number

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

NCAC'S ACTIVITIES ARE DEDICATED TO PROTECTING THE RIGHT TO FREE SPEECH AND ACCESS TO INFORMATION BY:

- •ASSISTING STUDENTS, TEACHERS, LIBRARIANS, PARENTS AND OTHERS OPPOSING CENSORSHIP IN SCHOOLS AND LIBRARIES
- ·HELPING ARTISTS. CURATORS AND MUSEUM DIRECTORS RESIST ART CENSORSHIP
- •INFORMING PUBLIC OFFICIALS, THE MEDIA AND THE GENERAL PUBLIC ABOUT FIRST AMENDMENT RIGHTS AND OBLIGATIONS
- •ADVOCATING FOR PUBLIC POLICIES AND LAWS THAT RESPECT FIRST AMENDMENT RIGHTS
  AND PRINCIPLES
- •EDUCATING YOUNG PEOPLE AND THE WIDER PUBLIC ABOUT THE IMPORTANCE OF FREE EXPRESSION, CLAIMING THEIR RIGHTS AND RESPECTING THE RIGHTS OF OTHERS
- · ENGAGING WITH A NATIONWIDE NETWORK OF ACTIVISTS AND SUPPORT LOCAL ACTIVISM
- •ANALYZING CENSORSHIP TRENDS, PUBLISHING ANALYSIS AND DEVELOPING NEW STRATEGIES TO PROMOTE FREE SPEECH RIGHTS

OUR WORK IN 2019 FOCUSED ON THE FOLLOWING PRIORITY PROJECTS:

THE YOUTH FREE EXPRESSION PROGRAM (YFEP) EMPOWERS YOUTH WITH KNOWLEDGE, TOOLS AND OPPORTUNITIES TO ASSERT AND DEFEND THEIR RIGHT TO FREE EXPRESSION. YFEP BELIEVES THAT DENYING YOUNG PEOPLE THE FREEDOM TO CREATE, EXPLORE AND INQUIRE IS COUNTERPRODUCTIVE AND DANGEROUS. THE PROGRAM WORKS DIRECTLY WITH STUDENTS, TEACHERS, PARENTS, SCHOOL ADMINISTRATORS, AND LOCAL COMMUNITY MEMBERS ON ISSUES AFFECTING A YOUNG PERSON'S INTELLECTUAL AND CREATIVE FREEDOM, INCLUDING THE REMOVAL OF BOOKS FROM SCHOOL CLASSROOMS AND LIBRARIES, THE REMOVAL OF STUDENT-PRODUCED VISUAL ART.

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,

Employer identification number 13-3197949

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

STUDENT-PERFORMED PLAYS AND MUSICALS. THE RESTRICTION OF STUDENT SPEECH ON SOCIAL MEDIA, LEGISLATIVE PROPOSALS THAT SEEK TO LABEL CONTROVERSIAL CONTENT IN PUBLIC SCHOOLS, AND THE INTERFERENCE IN HEALTH, HISTORY, AND SCIENCE CURRICULA. IN 2019, YFEP RELEASED A NEW RESOURCE, DEFENDING LGBTQ STORIES, IN RESPONSE TO THE CONTINUING TREND OF CENSORING LGBTQ SPEECH IN SCHOOLS AND LIBRARIES AND AS PART OF A WIDER UNCENSORED PRIDE CAMPAIGN. THE RESOURCE IS INTENDED TO BE USED BY STUDENTS, TEACHERS AND PARENTS TO STRENGTHEN THEIR OWN DEFENSE OF SPEECH IN THEIR COMMUNITIES AND IS AVAILABLE FOR FREE. THROUGHOUT THE YEAR, YFEP AND THE ARTS ADVOCACY PROJECT ALSO WORKED WITH ADVOCATES AND INTERVENED WITH ADMINISTRATORS AT GEORGE WASHINGTON HIGH SCHOOL IN SAN FRANCISCO WHERE SEVERAL HISTORICAL WPA MURALS DEPICTING THE LIFE OF GEORGE WASHINGTON WERE THREATENED WITH DESTRUCTION. THE MURALS HAVE BEEN RETAINED AS THE RESULT OF SIGNIFICANT ADVOCACY. THE 2018-2019 YOUTH FREE EXPRESSION FILM CONTEST, A SIGNATURE INITIATIVE OF THE PROGRAM THAT PROVIDES A UNIQUE OPPORTUNITY TO ENGAGE YOUTH ON FREE SPEECH ISSUES IN A CREATIVE MEDIUM AND GENERATES NEARLY 100 SHORT-FILM SUBMISSIONS EACH YEAR, CENTERED ON SPEAKING TRUTH TO POWER AND ASKED STUDENTS UNDER 19 TO CREATE A FILM THAT SPOKE DIRECTLY TO THOSE WITH POWER TO MAKE CHANGE ON A TOPIC THAT MATTERS TO THEM. THE WINNERS OF THE CONTEST. MOLLY SMITH AND SAGE CROFT, CREATED A STUNNING, ARRESTING FILM CRYING OUT FOR ADULTS TO LISTEN TO YOUTH ON JUST HOW DEEPLY IMPACTED THEY ARE BY GUN VIOLENCE AND THE NEED FOR GUN POLICY REFORM.

A KEY INITIATIVE OF YFEP IS THE KIDS' RIGHT TO READ PROJECT (KRRP), WHICH PROMOTES
THE FREEDOM TO READ AND ACCESS INFORMATION BY OFFERING SUPPORT, EDUCATION, AND
ADVOCACY TO STUDENTS, TEACHERS, AND LIBRARIANS FACING CHALLENGES OR BANS TO
EDUCATIONAL MATERIALS IN PUBLIC SCHOOLS AND LIBRARIES. IN 2019, KRRP INVESTIGATED
CHALLENGES NATIONWIDE, DEFENDING MATERIAL COMING UNDER ATTACK FOR CONTENT ABOUT

Employer identification number 13-3197949

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

RELIGION, RACE, SEX, SEXUAL ORIENTATION, EXPLICIT LANGUAGE, AND VIOLENCE.

EXAMPLES OF THE DOZENS OF BOOKS REMOVED OR THREATENED FOR REMOVAL INCLUDED CLASSICS

LIKE ALL QUIET ON THE WESTERN FRONT BY ERICH MARIA REMARQUE, TO KILL A MOCKINGBIRD

BY HARPER LEE AND REGENERATION BY PAT BARKER, AS WELL AS MORE RECENT CLASSICS LIKE

ELEANOR & PARK BY RAINBOW ROWELL, PERSEPOLIS BY MARJANE SATRAPI AND FUN HOME BY

ALISON BECHDEL. WE ALSO INTERVENED, AND CONTINUE TO ADVISE, WHEN A FULL

DISTRICT-WIDE INITIATIVE TO INTRODUCE DIVERSE BOOKS TO CLASSROOM LIBRARIES CAME

UNDER ATTACK FOR INCLUDING TITLES WITH LGBTQ CHARACTERS AND STORIES. KRRP IS

CO-SPONSORED BY AMERICAN BOOKSELLERS FOR FREE EXPRESSION AND COMIC BOOK LEGAL

DEFENSE FUND, AND PARTNERS WITH SEVERAL OF NCAC'S COALITION MEMBERS—NOTABLY THE

NATIONAL COALITION OF TEACHERS OF ENGLISH—TO INCREASE ITS IMPACT ON CASE

INTERVENTION.

NCAC CONTINUES TO PROMOTE ACADEMIC FREEDOM FOR COLLEGE STUDENTS AND FACULTY AND TO MONITOR AND ADVOCATE AGAINST ATTEMPTS TO STIFLE SPEECH IN HIGHER EDUCATION. IN 2019, NCAC INTERVENED IN SEVERAL CHALLENGES TO STUDENT ART ON COLLEGE CAMPUSES AS WELL AS CANCELLATIONS OF STUDENT THEATER PRODUCTIONS DEEMED "CONTROVERSIAL."

#### FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

NCAC'S ARTS ADVOCACY PROJECT (AAP) IS THE ONLY NATIONAL INITIATIVE THAT WORKS WITH INDIVIDUAL ARTISTS AND CURATORS INVOLVED IN CENSORSHIP DISPUTES TO RESOLVE CONTROVERSY AND DEVELOP STRATEGIC EDUCATIONAL INITIATIVES THAT EQUIP ARTISTS AND INSTITUTIONS WITH THE TOOLS TO PROMOTE ARTISTIC FREEDOM. IN 2019, WE LAUNCHED THE WE THE NIPPLE CAMPAIGN, PARTNERING WITH ARTIST-PHOTOGRAPHER SPENCER TUNICK TO CREATE AN ART ACTION CALLING ON FACEBOOK AND INSTAGRAM TO UPDATE THEIR POLICIES ON ARTISTIC NUDITY. WE ADVOCATED WITH THE COMPANIES' POLICY DEPARTMENTS, ARGUING THAT MARGINALIZED ARTISTS ARE DISPROPORTIONATELY AFFECTED BY THE CURRENT STANDARDS AND

## FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

PUSHING FOR BETTER PROCESSES FOR ARTISTS HURT BY THE POLICIES. WE PARTICIPATED IN A ROUNDTABLE AT INSTAGRAM'S HEADQUARTERS WITH ARTISTS, CURATORS AND ACTIVISTS. AAP ALSO WORKED SYSTEMICALLY TO PROMOTE ARTISTIC FREEDOM BY HELPING INSTITUTIONS, INCLUDING BOTH PRIVATE AND PUBLIC UNIVERSITIES, DEVELOP SOUND FREE EXPRESSION POLICIES FOLLOWING CENSORSHIP INCIDENTS. AAP ALSO COLLABORATES WITH ARTISTS AT RISK CONNECTION (ARC), A COLLABORATIVE PROJECT LED BY PEN AMERICA THAT SUPPORTS ARTISTIC FREEDOM GLOBALLY.

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 - FACEBOOK, TWITTER, INSTAGRAM AND
YOUTUBE - AND ITS WEBSITE, NCAC.ORG, TO EDUCATE AND ENCOURAGE INVOLVEMENT. NCAC ALSO
SENDS A BIWEEKLY E-NEWSLETTER TO 12,000 EMAIL SUBSCRIBERS AND BIANNUAL PRINT
EDITIONS OF CENSORSHIP NEWS TO 8,000 DIRECT MAIL SUBSCRIBERS. NCAC MANAGES
CENSORPEDIA, AN ONLINE PARTICIPATORY WIKI OF CENSORSHIP INCIDENTS FROM THE IRON AGE
TO THE 21ST CENTURY, AND ARTISTRIGHTS.INFO, AN ONLINE ARCHIVE OF ARTISTIC FREEDOM
CASES COUPLED WITH RESOURCES ON ARTISTS' FREE SPEECH RIGHTS. PUBLIC EVENTS INCLUDED A
PANEL ON THE CHALLENGES OF #METOO AND THE MORALLY COMPROMISED ARTIST, AND A TALK AT

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,
INC.

Employer identification number
13-3197949

## FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

HARVARD LAW SCHOOL ON CANCEL CULTURE. IN NOVEMBER, NCAC HELD ITS ANNUAL CELEBRATION OF FREE SPEECH & ITS DEFENDERS EVENT, CO-CHAIRED BY EXECUTIVES FROM SIMON & SCHUSTER AND HONORED AUTHOR JASON REYNOLDS, ARTIST CAROLEE SCHNEEMANN AND YOUTH FREE EXPRESSION FILM CONTEST WINNERS MOLLY SMITH AND SAGE CROFT. MORE THAN 230 LUMINARIES FROM THE WORLDS OF LITERATURE, THEATRE, THE ARTS, PUBLISHING, ENTERTAINMENT, LAW, AND BUSINESS ATTENDED THIS ANNUAL GATHERING TO CELEBRATE FREEDOM OF THOUGHT, INOUIRY, AND EXPRESSION.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS WAS PROVIDED WITH THE 990 AT AN BOARD MEETING AND VOTED TO ACCEPT

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY TO ACKNOWLEDGE
COMPLIANCE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION STUDY AND BUDGET APPROVAL PROCESS

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION STUDY AND BUDGET APPROVAL PROCESS

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE

AVAILABLE UPON REQUEST.

### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		mom3.r	PROGRAM	MANAGEMENT	FUND-
	_	TOTAL	SERVICES	<u>&amp; GENERAL</u>	<u>RAISING</u>
CONSULTING FEES		193,775.	134,411.	27,009.	32,355.
	TOTAL §	193,775.	\$ 134,411.	\$ 27,009.	\$ 32,355.