Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

Address change

For the 2020 calendar year, or tax year beginning

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.

NATIONAL COALITION AGAINST CENSORSHIP,

, 2020, and ending

Open to Public Inspection

, 20

D Employer identification number

13-3197949

	Name	change	INC.					•		E Telepho	ne numbe	er	
		return	19 FULTON							(212	2) 80	7-6222	
		turn/terminated	NEW YORK,	NY 100	38					(===	_,	. 0222	
		ded return								G Gross re	ceipts \$	1,274,3	358
		ation pending	F Name and addre	ess of principa	officer: CUD	тсториг	ом ет	`NT 7\ NT	H(a) Is this	a group return			X No
		accomponents	SAME AS C	ABOVE	СПК	TOTOPHE	K M LI	.INAIN		Il subordinates ," attach a list.			No
$\overline{\Gamma}$	Tax-exer	mpt status:	X 501(c)(3)	501(c) () ∢ (ir	isert no.)	4947(a)(1) or 527	If "No	," attach a list.	See instr	uctions —	
<u>.</u>	Websi	•	W.NCAC.ORG	. , .	/ ("	13011 110.)	+0+/ (α)(1) 01 0 <i>L1</i>	H(c) Groun	exemption nu	mhar Þ		
K		organization:	X Corporation	Trust	Association	Other ►		L Year of form				gal domicile: NY	
Pa		Summar		Trust	ASSOCIATION	Other		L real of forms	ation. 190)4 III 3	tate of let	gar domiche. NI	
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Activities & Governance													
ver	2 Ch	eck this bo	ox ► lif the o	organizatio	n discontinue	ed its opera	tions or o	disposed of n	nore than	25% of its r	net ass	 ets.	
Go			ting members of								3		15
જ	4 Nu	ımber of in	dependent votin	g members	of the gove	rning body	(Part VI,	line 1b)			4		15
itie			of individuals e		-						5		9
tiv			of volunteers (6		10
A			ed business reve								7a		0.
	b Ne	et unrelated	business taxab	le income	from Form 9	90-1, Part I	, line II.				7b		0.
	0 0	مصمنان وانسام	and suants (Da	w 1 / / III - Ii m m	1 6 \					Prior Year	0.4	Current Yea	
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'en			rice revenue (Pa icome (Part VIII							3,5	86.		275. 872.
Revenue			e (Part VIII, colu	•	•					292,1		219,	
			e – add lines 8							830,5		1,257,	
_			milar amounts p							030,3	01.	1,231,	054.
			to or for memb								+		
										024 1	0.0	F 0 0	610
es	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									824,1	88.	590,	619.
∍us	16a Professional fundraising fees (Part IX, column (A), line 11e)												
Expenses	b To							115,675	_				
ш	1 / Ot		es (Part IX, colu			-				480,6		494,	504.
	18 To	tal expense	es. Add lines 13	-17 (must	equal Part IX	(, column (A	A), line 25	5)		1,304,8	85.	1,085,	123.
		evenue less	expenses. Sub	tract line 1	8 from line 1	2				-474,3	84.	172,	731.
or										ing of Current		End of Yea	
Assets I Balanc	20 To		(Part X, line 16)							962,8		1,138,	
∪			s (Part X, line 2	•						21,0		24,	077.
~ 1	22 110	et assets or	fund balances.	Subtract li	ne 21 from I	ine 20				941,8	06.	1,114,	479.
Pa	rt II	Signatur	e Block										
Unde	r penalties	of perjury, I de	clare that I have examer (other than officer	mined this retu	rn, including acc	companying sch	edules and s	statements, and t	o the best of	my knowledge	and belief	, it is true, correct, a	and
comp	Diete. Decia	ration of prepa	rer (other than officer) is based on	all information of	wnich prepare	r nas any кп	owieage.					
		Cinnata								\t-			
Sig He	jn	Signatu	re of officer						L	ate			
Не	re		ISTOPHER M	FINAN					EXEC	CUTIVE D	DIREC	TOR	
		, ,	print name and title		T=			1		1 1	1 1=		
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Pai		KEVIN	R. FRANCIS							self-employe	ed P	00522000	
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Us	e Only	Firm's addre	ess ► <u>445 RC</u>	UTE 304	l					Firm's EIN	13-	4042845	
			BARDON	IIA, NY	10954					Phone no.	(845)) 623-3884	1
			is return with th									X Yes	No
	<u> </u>		advation Ast N	. 4 4			_					Form 000	(0000)

4 d Other program services (Describe on Schedule O.) (Expenses including grants of) (Revenue \$ **4 e** Total program service expenses 890,583. Form **990** (2020) TEEA0102L 10/07/20

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

Form 990 (2020) NATIONAL COALITION AGAINST CENSORSHIP, Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
ŀ	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	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
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 301.7701-2 and 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
ŀ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	110
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA			990 ((2020

Form 990 (2020) 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 Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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
b	olf '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).	- -		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
	•	30		
	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	Χ	
	If '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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		V
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Form 8282?	7 c		Χ
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	14		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. 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..... 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? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ 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 filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X 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 taxable entity during the year?.... 16 a X **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 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 Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O 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

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.

 $\overline{|X|}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C))					
(A) Name and title	(B) Average hours	thar	n one Ì s both	box, an o	unles	,	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER FINAN	40									
EXECUTIVE DIRECTOR	0				Χ			145,000.	0.	0.
	1	Х		Χ				0.	0.	0.
(3) MICHAEL BAMBERGER	1	Λ		Λ				0.	0.	0.
DIRECTOR	1 -	Х						0.	0.	0.
(4) RANDALL L. KENNEDY	1									
DIRECTOR	0	Χ						0.	0.	0.
(5) JUDY BLUME	1									_
DIRECTOR	0	Χ						0.	0.	0.
(6) SUSAN CLARE	1									
DIRECTOR	0	Χ						0.	0.	0.
OREN_TEICHERDIRECTOR	1	Х						0.	0.	0.
(8) ERIC M FREEDMAN	1	Λ						0.	0.	0.
DIRECTOR	1 -	Х						0.	0.	0.
(9) ROBIE H. HARRIS	1	21						0.	0.	<u> </u>
DIRECTOR	0	Χ						0.	0.	0.
(10) PHIL HARVEY	1									
DIRECTOR	0	Х						0.	0.	0.
(11) MICHAEL JACOBS	1									
TREASURER	0	Χ		Χ				0.	0.	0.
(12) EMILY J.M. KNOX, PHD	1									
DIRECTOR	0	Х						0.	0.	0.
(13) CHRIS PETERSON	1							_		
DIRECTOR	0	Χ				\vdash		0.	0.	0.
(14) JULIE SAMUELS	1							_	2	•
DIRECTOR	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	1	Key	En			es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
	(B)			•	C)							
(A)	Average hours	(do	not o	check	more	than	one h an	(D)	(E)		(F)	
Name and title	per week					or/trus	tee)	Reportable compensation from	Reportable compensation from	(ated amo	
	(list any hours	or d	Insti	Officer	Key	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the o	nsation t rganizati	ion
	for related	director	di	Cer Cer	emp	lest o	ner				d related anization	
	organiza - tions	DE TA	랿		Key employee	e						
	below dotted	ndividual trustee or director	institutional trustee		ŏ	Highest compensated employee						
	line)		상			ated						
(15) LARRY SIEMS	1											
DIRECTOR		Χ						0.	0.			0.
(16) EMILY WHITFIELD	1							0.	0.			<u> </u>
DIRECTOR	0	X						0.	0.			0.
(17)												
(18)												
(19)												
(00)												
(20)												
(21)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 h Cuhtatal	ļ				<u> </u>			145 000				
1 b Subtotal c Total from continuation sheets to Part VII, Secti	on A						•	145,000.	0.			0.
d Total (add lines 1b and 1c)							•	0. 145,000.	0.			0.
Total number of individuals (including but not limited							ved			ensatio	1	
from the organization \(\)		.0.00		,					• o op o. table comp	01.001.0		
											Yes	No
3 Did the organization list any former officer, direct	tor, truste	e. ke	ev e	mple	ove	e. or	hial	nest compensated	emplovee			
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								. 3		X
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
the organization and related organizations greate such individual										4		X
5 Did any person listed on line 1a receive or accru												
for services rendered to the organization? If 'Yes	s,' comple	te S	chec	dule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors									#100.000 f			
1 Complete this table for your five highest compen compensation from the organization. Report comper	isated indi Isation for	epen the c	den alen	t coi idar	ntra: year	ctors endi	tna ng v	it received more tr vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business add								(B)		(C)	
Name and business add	ress							Description of	of services	Compe	nsatio	n
2 Total number of independent contractors (including I	out not lim	itad t	o the	200	lictor	d aho	Ve)	who received more	than			
\$100,000 of compensation from the organization		iicu l	o un	JJC 1	11316	. ubu	vc)	WIND TOCCIVED HIDLE	CIGIT			
. ,	J											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
ನ್ಲಿ ಕ	h	Total. Add lines 1a-1f	1,035,835.			
une	2 -	Business Code	0.7.7	0.75		
eve		RELATED REVENUE 451211	275.	275.		
e H	b c					
P.	d					
Program Service Revenue	e					
grar	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	275.			
	3	Investment income (including dividends, interest, and				
	_	other similar amounts)	1,872.	1,872.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c 18,598.				
	d	Net rental income or (loss)	18,598.			18,598.
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory				
	b	Less: cost or other basis				
	_	and sales expenses 7b Gain or (loss) 7c				
		Net gain or (loss)				
		Gross income from fundraising events				
nue	ва	(not including \$				
, ve		of contributions reported on line 1c).				
æ		See Part IV, line 18				
Other Revenu		Less: direct expenses 8b 16,504.				
ರ	С	Net income or (loss) from fundraising events ▶	201,274.			
	9 a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	. .	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory▶				
SI	11 -	Business Code				
E P	ııa h					
	ט					
Miscellaneous Revenue	11 a b c d	All other revenue				
Σ		Total. Add lines 11a-11d				
		Total revenue. See instructions	1,257,854.	2,147.	0.	18,598.

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).

Do i	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	145,000.	132,408.	12,592.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	370,552.	325,278.	0.	45,274.
7	Other salaries and wages	310,332.	323,270.	0.	45,274.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,286.	9,134.	247.	905.
9	Other employee benefits	22,966.	20,394.	551.	2,021.
10	Payroll taxes	41,815.	37,132.	1,004.	3,679.
11	Fees for services (nonemployees):	,,	.,, =	_,	
á	Management				
	Legal				
	: Accounting	7,950.		7,950.	
	Lobbying	7,7550.		7,750.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$CH. OAdvertising and promotion	253,232.	175,653.	35,296.	42,283.
13	Office expenses	35,617.	30,633.	712.	4,272.
14	Information technology	31,386.	26,993.	2,510.	1,883.
15	Royalties.	31,300.	20,333.	2,510.	1,005.
16	Occupancy	133,005.	114,386.	15,960.	2,659.
17	Travel	368.	253.	27.	88.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	300.	233.	27.	00.
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	738.	635.	15.	88.
23	Insurance	6,652.	5,722.	798.	132.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	PRINTING AND PUBLICATIONS	13,772.	4,877.	658.	8,237.
_	POSTAGE AND SHIPPING	5,632.	2,046.	144.	3,442.
(TELEPHONE	5,379.	4,626.	108.	645.
(MEALS	773.	413.	293.	67.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,085,123.	890,583.	78,865.	115,675.
26	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 Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			153,895.	1	292,354.
	2	Savings and temporary cash investments			627,018.	2	728,369.
	3	Pledges and grants receivable, net		<u></u>		3	
	4	Accounts receivable, net			133,200.	4	62,980.
	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 pe	er officer, I contribut	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		<u> </u>		,	
	Ü	section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net		´` ´		7	
Ø	8	Inventories for sale or use	_		8		
Assets	9	Prepaid expenses and deferred charges		-	6,029.	9	6,233.
As	-		1 1		0,023.		0,233.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	4,043.			
		Less: accumulated depreciation		2,820.	1,961.	10 c	1,223.
	11	Investments — publicly traded securities			18,026.	11	24,698.
	12	Investments – other securities. See Part IV, line 11				12	,
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	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)		962,828.	16	1,138,556.
	17	Accounts payable and accrued expenses			19,422.	17	24,077.
	18	Grants payable				18	
	19	Deferred revenue		_		19	
۰,	20	Tax-exempt bond liabilities				20	
Ę.	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated the	nird partie	s		23	
	24	Unsecured notes and loans payable to unrelated third	l parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		L	1,600.	25	
	26	Total liabilities. Add lines 17 through 25			21,022.	26	24,077.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► ∑				
aa	27	Net assets without donor restrictions			918,356.	27	1,042,621.
ñ	28	Net assets with donor restrictions			23,450.	28	71,858.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here >	· 📙			
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund.			30	
SS	31	Retained earnings, endowment, accumulated income	, or other	funds		31	
31. A	32	Total net assets or fund balances			941,806.	32	1,114,479.
ž	33	Total liabilities and net assets/fund balances	<u></u>	<u></u>	962,828.	33	1,138,556.
RΔ	Δ		TEEA0111L	10/07/20	-		Form 990 (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI.				. 🔲				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	57,8	354.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	85,1	123.				
3	Revenue less expenses. Subtract line 2 from line 1	3			731.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	5 Net unrealized gains (losses) on investments. 5								
6									
7	7 Investment expenses								
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10									
	column (B))	10	1,1	14,4	<u> 179.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a							
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa								
	basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
	c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х				
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	it							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b						
3A/	TEEA0112L 10/19/20		Form	990	(2020)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name		DALITION AGAI	NST CENSORSHIP,			12 21070				
Par	INC. Reason for Public Cha	rity Status (All /	organizations must	compl	ata thic		13-3197949			
	organization is not a private found						uctions.			
1	A church, convention of church		`		•	•				
2	A school described in section 1	•		•		1).				
3	A hospital or a cooperative h		•		, ,	Wiii				
4	A medical research organiza	,				• • •	Enter the heapital's			
4	name, city, and state:					.uon 170(b)(1)(A)(iii).				
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit	described in			
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial Complete Part II.)	part of its support from a	governm	iental uni	t or from the general p	oublic described			
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)						
9	An agricultural research organi	zation described in se	ction 170(b)(1)(A)(ix) oper	ated in c	onjunction	on with a land-grant co	llege			
	or university or a non-land-gran	nt college of agricultur		the nan	ne, city,					
10	An organization that normally from activities related to its convertment income and unreupune 30, 1975. See section 5	exempt functions, sullated business taxab	bject to certain exception le income (less section	ns; and	(2) no r	nore than 33-1/3% of	f its support from gross			
11	An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12	An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) d	r section	on 509(a))(2). See section 509	(a)(3). Check the box in			
а		on operated, supervise	ed, or controlled by its sur	ported c	organizat	ion(s), typically by givi	na the supported			
b		ation supervised or or organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), be the supported organized	y having control or ation(s). You			
С	· ' '		ation operated in connection	n with, an	nd functio	onally integrated with, it	ts supported			
d		rated. A supporting org	ganization operated in cor y must satisfy a distribu	nection	with its s	supported organization	(s) that is not			
е		ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Ty	pe III functionally			
f	Enter the number of supported									
g	Provide the following information	n about the supporte	ed organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)				
				Yes	No					
(A)										
(B)										
(C)										
<u>(D)</u>										
<u>(E)</u>										
.										

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

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

Sec	tion A. Public Support		·	•	•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,038,425.	1,150,974.	788,023.	822,467.	1,036,110.	4,835,999.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				·		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,038,425.	1,150,974.	788,023.	822,467.	1,036,110.	4,835,999.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						4,835,999.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,038,425.	1,150,974.	788,023.	822,467.	1,036,110.	4,835,999.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,890.	38,782.	3,574.	3,574.	1,872.	86,692.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	43,345.	42,840.	18,598.	104,783.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						5,027,474.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	020 (line 6, colum	n (f), divided by lir	ne 11, column (f)))	14	96.19%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	95.73%
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization di qualifies as a pul	id not check the bo blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported or	on line 13 or 16arganization	, and line 15 is 3	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	ind-circumstances	test, check this b	oox and stop here	e. Explain in Part \	√I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a	nd-circumstances	test, check this h	oox and stop here	. Explain in Part \	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is 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			,			
Calend	dar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
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						
	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 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or t	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•	•		•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
18	Investment income percentage f					<u> </u>	%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check 33.1/3% support tests— 2010. If t	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	
a	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

<u> </u>	tion A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
k	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
k	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
k	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI</i> .	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
k	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 .	9b		
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.	9с		
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)? If 'Yes,' answer line 10b below.	10a		
k	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.).	1 0 b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
č	the g	son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion I	B. Type I Supporting Organizations	-		
_	5:11			Yes	No
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one pore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ears, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	or ea	ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
		217th Type in Supporting Significations		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sac		E. Type III Functionally Integrated Supporting Organizations	3		
500	don i	L. Type in Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 📙 T	he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	ד 🗌 כ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(: [] T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	more reaso	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities	2b		
2		or the organization's involvement. Int of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
•		of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			.97949 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain ir	n Part VI). See
Sec	tion A – Adjusted Net Income	113 1114.	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 6	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	_			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

BAA

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
_ 7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Ea	000 000 EZ\ 000

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,

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

2020

Employer identification number

	INC.	'	13-3197949
Organiza	ation type (check one)	:	
Filers of:	:	Section:	
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
		527 political organization	
Form 990)-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
,	· ·	red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution one contributions.	
Special F	Rules		
X	under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin ne contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, tota purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recell contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' id address), II, and III.	ific, literary, or educational
	during the year, constant \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the firm of the contributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year lose. Don't complete any of the parts unless the General Rule applies to this exively 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	isn'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 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1

lame of organization	

NATIONAL COALITION AGAINST CENSORSHIP,

Employer identification number

13-3197949

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHIL HARVEY		Person X
	1001 CONNECTICUT AVE NW, ST 80	\$ <u>105,000.</u>	Payroll Noncash
	WASHINGTON, DC 20036		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HUMBLE BUNDLE - PAYPAL GIVING FUND		Person X
	160 SPEAR STREET	\$ <u>124,055.</u>	Payroll Noncash
	SAN FRANCISCO, CA 94105		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PENGUIN RANDOM HOUSE LLC		Person X Payroll
	1745 BROADWAY	\$ <u>37,</u> 500.	Noncash
	NEW YORK, NY 10019		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SIMON & SCHUSTER		Person X Payroll
	1230 AVE OF THE AMERICAS	\$25,000.	
	NEW YORK, NY 10020		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SUSAN CLARE & PETER D. PARKER		Person X Payroll
	19 FULTON STREET #407	\$25,000.	Noncash
	NEW YORK, NY 10038		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	HARPERCOLLINS		Person X Payroll
	195 BROADWAY	\$25,000.	Noncash
	NEW YORK, NY 10007		(Complete Part II for noncash contributions.)

NATIONAL COALITION AGAINST CENSORSHIP

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	COLORADO FREEDOM OF EXPRESSION FOUN 1792 WYNKOOP ST., #302 DENVER, CO 80202	\$44,909.	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	ANDY WARHOL FUND 65 BLEECKER ST 7TH FL NEW YORK, NY 10012	\$75,000.	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	ANONYMOUS 19 FULTON STREET, SUITE 407 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
<u>10</u> _	JEROME LEVY FOUNDATION ONE ROCKEFELLER PLAZA, 20TH FL NEW YORK, NY 10020	\$ <u>125,000</u> .	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Oncash Complete Part II for noncash contributions.)

1

Name of organization

Employer identification number

NATIONAL COALITION AGAINST CENSORSHIP,

13-3197949

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$ 	
(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
(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
<u> </u>		 \$	

Name of organization
NATIONAL COALITION AGAINST CENSORSHIP,

Employer identification number 13-3197949

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,						
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See in	instruction	s.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of transferor to transferee			
				·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
Transferee's name, address, and ZIP + 4 Relationship of trans			tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift	Polo	tionship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC. 13-3197949 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai Treasures, or	Other Similar Ass	sets (continuea)			
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that ma	ake significant use of its	collection			
a Public exhibition	d Loan o	or exchange program					
b Scholarly research	e Other						
c Preservation for future generations							
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in				
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	'	Yes No			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	r assets not included	☐ Yes ☐ No			
b If 'Yes,' explain the arrangement in Part XIII a							
, ,	•	J		Amount			
c Beginning balance			1с				
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an amount on Fo				Yes No			
b If 'Yes,' explain the arrangement in Part XIII.							
Dord V Fundamental Francis Commission if	11		000 David IV II:	10			
Part V Endowment Funds. Complete if							
1 a Beginning of year balance	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held a	as:				
a Board designated or quasi-endowment ▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
b Permanent endowment ►	5						
c Term endowment ► %							
The percentages on lines 2a, 2b, and 2c should e	equal 100%.						
3.2 Are there endowment funds not in the necession	of the organization that a	ero hold and administered	for the				
3 a Are there endowment funds not in the possessior organization by:	i oi tile organization tilat a	ire rielu ariu auriiriistereu	ioi tile	Yes No			
(i) Unrelated organizations				3a(i)			
(ii) Related organizations				3a(ii)			
b If 'Yes' on line 3a(ii), are the related organiza				3b			
4 Describe in Part XIII the intended uses of the	·						
Part VI Land, Buildings, and Equipmen							
Complete if the organization ans		n 990 Part IV line	11a See Form 90	n Part X line 10			
		1					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1 a Land			2 - L				
b Buildings							
c Leasehold improvements							
d Equipment		4,043.	2,820.	1,223.			
e Other		4,043.	۷,0۷۷.	1,243.			
Total. Add lines 1a through 1e. (Column (d) must e		column (B), line 10c.)	>	1,223.			
(a) (a) (a)	,	(.,,		1,443.			

Schedule D (Form 990) 2020

Complete if the organization answered	d'Voc' on Form 99	O Dart IV line 11h See Form 0	On Part V line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	
(1) Financial derivatives	(D) Dook value	(C) Michiga of Variation. Cost of one of	1 your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.	10/ 1 5 00	N/A	00 D 1 V 1: 10
Complete if the organization answered		0, Part IV, line 11c. See Form 9	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	•		
Part IX Other Assets.			
I all IV Other Assets:	N/A	Λ	
Complete if the organization answered	d 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
Complete if the organization answered (a) De	d 'Yes' on Form 99	N 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3)	d 'Yes' on Form 99	No, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) December (1) (2) (3) (4) (5)	d 'Yes' on Form 99	O, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 99	O, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	d 'Yes' on Form 99	O, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (d) must equal Form 990, Part X, column (d) must equal Form 990, Part X, column (d) must equal Form 990, Part X, column (d) Part	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) December 2 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on the complete of the organization answered 'Yes' on the complete of the organization answered 'Yes' on the complete organization answered 'Yes' organization and 'Yes' organization and 'Yes' organization and 'Yes'	d 'Yes' on Form 990 scription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desco	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column to the column to the co	d 'Yes' on Form 990 scription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column 4) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2)	d 'Yes' on Form 990 scription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Descential (column) (b) Federal income taxes (c) (3) (4)	d 'Yes' on Form 990 scription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5)	d 'Yes' on Form 990 scription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the organization answered in the organization and the	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization answered in the organization and the	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization answered in the organization and the organization	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the image of the organization answered in the organization and the organization answered in the organization answered in the organization and the organization and the organization answered in	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization answered in the organization and the organization and the organization answered in the organization and the organization and the organization and the organizat	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25.	(b) Book value (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1 Total revenue, gains, and other support per audited financial statements	1	1,257,854.			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d.	2 e				
3 Subtract line 2e from line 1.	3	1,257,854.			
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.) 4b					
c Add lines 4a and 4b.	4 c				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,257,854.			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return				
		•			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		•			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	1,085,123.			
	1 . 1				
1 Total expenses and losses per audited financial statements	1 . 1				
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	1 . 1				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 . 1				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b	1 . 1				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 . 1				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2 e	1,085,123.			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2 e	1,085,123.			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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.) 4 b Other (Describe in Part XIII.)	2e 3	1,085,123.			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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.	1 2e 3	1,085,123.			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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.) 4 b Other (Describe in Part XIII.)	2e 3	1,085,123.			

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 XI, 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 D (Form 990) 2020

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. Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,

OMB No. 1545-0047

Inspection

Open to Public

Employer identification number 13-3197949 INC **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 NATIONAL COALITION AGAINST CENSORSHIP, 13-3197949 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) CELEBRATION OF NONE through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 217,778. 217,778. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 217,778 217,778. Direct Expenses Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 16,504. 16,504. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 16,504. Net income summary. Subtract line 10 from line 3, column (d)..... 201,274. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... **2** Cash prizes..... Direct Expenses Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 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)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 NATIONAL COALITION AGAINST CENSORSHIP, 13-3197949	Page 3
	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
	a The organization's facility	%
	b An outside facility	ું જ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
	c If 'Yes,' enter name and address of the third party:	
	Name ►	
	Address ►	ا ا
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided ►	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
	organization's own exempt activities during the tax year ► \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (vanished and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	');

SCHEDULE 0 (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.

2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL COALITION AGAINST CENSORSHIP, INC

Employer identification number

OMB No. 1545-0047

13-3197949

FORM 990. PART III. LINE 4A - 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 SUPPORTING LOCAL ACTIVISM
- ANALYZING CENSORSHIP TRENDS, PUBLISHING ANALYSIS AND DEVELOPING NEW STRATEGIES TO PROMOTE FREE SPEECH RIGHTS

AS PART OF NCAC'S CORE PROGRAM, THE ORGANIZATION IS UNIQUELY POSITIONED AS A COALITION AND IS COMPRISED OF MORE THAN 50 NATIONAL NON-PROFITS INCLUDING LITERARY, ARTISTIC, RELIGIOUS, EDUCATIONAL, PROFESSIONAL, LABOR AND CIVIL LIBERTIES GROUPS. FOR OVER 45 YEARS, THE ORGANIZATION HAS ENGAGED IN DIRECT ADVOCACY AND EDUCATION TO SUPPORT FIRST AMENDMENT PRINCIPLES. NCAC IS UNIQUE IN THAT IT IS NATIONAL IN SCOPE, BUT OFTEN LOCAL IN ITS APPROACH. NCAC WORKS WITH COMMUNITY ORGANIZATIONS AND MEMBERS TO RESOLVE CENSORSHIP CONTROVERSIES WITHOUT THE NEED FOR LITIGATION. ALSO PART OF THE NCAC'S CORE PROGRAM IS THE FREE EXPRESSION NETWORK, AN ALLIANCE OF THE 45 LEADING ORGANIZATIONS DEDICATED TO PROTECTING AND PRESERVING FIRST AMENDMENT RIGHTS, PROMOTES COLLABORATIVE Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC.

Employer identification number 13-3197949

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

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.

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

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, INTERFERENCE WITH STUDENT-PRODUCED NEWSPAPERS AND JOURNALISM, THE CANCELLATION OF 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 INTERFERENCE IN HEALTH, HISTORY, AND SCIENCE CURRICULA.

IN 2020, YFEP RESPONDED TO THE COVID-19 CRISIS BY CREATING A VIRTUAL FIRST AMENDMENT CLASSROOM FOR TEACHERS SUDDENLY TEACHING VIRTUALLY. THE INITIATIVE INCLUDED SEVERAL MODULES FOR EDUCATORS TO CHOOSE FROM, AIMED AT HIGH SCHOOL STUDENTS.

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 2020, KRRP INVESTIGATED
CHALLENGES NATIONWIDE, DEFENDING MATERIAL COMING UNDER ATTACK FOR CONTENT ABOUT
RELIGION, RACE, SEX, SEXUAL ORIENTATION, EXPLICIT LANGUAGE, AND VIOLENCE.
EXAMPLES OF THE DOZENS OF BOOKS REMOVED OR THREATENED FOR REMOVAL INCLUDED CLASSICS

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC.

Employer identification number 13-3197949

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

LIKE TO KILL A MOCKINGBIRD BY HARPER LEE, OF MICE AND MEN BY JOHN STEINBECK, AND ROLL OF THUNDER, HEAR MY CRY BY MILDRED D. TAYLOR. TWO MAJOR PUSHES TO BAN A SLATE OF CLASSIC TEXTS GAINED NATIONAL ATTENTION, ONE IN ALASKA AND ANOTHER IN BURBANK, CALIFORNIA. WE PARTNERED WITH GRAMMY-WINNING BAND PORTUGAL THE MAN TO PROVIDE FREE COPIES OF THE CHALLENGED CLASSICS TO ALASKA STUDENTS. BOOKS HIGHLIGHTING RACISM AND RACE, INCLUDING GHOST BOYS BY JEWELL PARKER RHODES, CAME UNDER HEAVY FIRE THIS YEAR. KRRP ALSO PUBLISHED A HANDBOOK FOR EDUCATORS, A NEW RESOURCE IN PARTNERSHIP WITH THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH. KRRP IS CO-SPONSORED BY AMERICAN BOOKSELLERS FOR FREE EXPRESSION, COMIC BOOK LEGAL DEFENSE FUND AND NATIONAL COUNCIL OF TEACHERS OF ENGLISH.

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 2020, WE PARTNERED WITH SEVERAL INTERNATIONAL ARTS AND FREE EXPRESSION ORGANIZATIONS, AS WELL AS PROMINENT ARTISTS, TO CREATE A VIRTUAL GALLERY OF ART CENSORED ON SOCIAL MEDIA. THE PROJECT, CALLED DON'T DELETE ART, CONSISTS OF A DIGITAL ART GALLERY, AN ADVOCACY CAMPAIGN AIMED AT PUSHING FOR GREATER ALLOWANCE FOR CREATIVE EXPRESSION ON SOCIAL MEDIA PLATFORMS, AND A RESOURCE CENTER FOR ARTISTS STRUGGLING TO NAVIGATE HOW TO SHARE THEIR ART ON SOCIAL MEDIA. 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.

PUBLIC EDUCATION AND ADVOCACY: EACH YEAR, NCAC RECEIVES HUNDREDS OF REQUESTS FOR ASSISTANCE ON CENSORSHIP AND INQUIRIES ABOUT FREE SPEECH RIGHTS FROM TEACHERS,

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC.

Employer identification number 13-3197949

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

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. NCAC LEAD MULTIPLE PUBLIC STATEMENTS CAUTIONING AGAINST BOTH RESTRICTIONS TO CIVIL LIBERTIES IN TIME OF CRISIS AND THREATS TO THE RIGHTS OF PROTESTORS AND JOURNALISTS COVERING PROTESTS. NCAC ALSO PUBLISHED TWO TIMELINE RESOURCES TRACKING FREE SPEECH ISSUES RELATED TO THE COVID-19 PANDEMIC AND ONGOING RACIAL JUSTICE PROTESTS THAT GREW OUT OF PROTESTS AGAINST THE KILLING OF GEORGE FLOYD. IN NOVEMBER, NCAC HELD ITS ANNUAL CELEBRATION OF FREE SPEECH & ITS DEFENDERS EVENT, CO-CHAIRED BY EXECUTIVES FROM HARPERCOLLINS CHILDREN'S BOOKS AND HONORED AUTHOR BECKY ALBERTALLI, GRAMMY-WINNERS PORTUGAL THE MAN AND ARTIST KARYN OLIVIER. MORE THAN 200 ATTENDEES PARTICIPATED IN NCAC'S FIRST VIRTUAL BENEFIT.

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

THE BOARD OF DIRECTORS WAS PROVIDED WITH THE 990 AT A 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

Name of the organization NATTONAL	COALTTION	AGAINST	CENSORSHIP.	Employer identification number	
TNC.	0011222		0	13-3197949	

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) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONSULTING FEES	TOTAL \$	253,232. 253,232.	175,653. \$ 175,653.	35,296. \$ 35,296.	42,283. \$ 42,283.