Form **990**

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047 2021

Dep Inter	artment of th rnal Revenue	he Treasury e Service		ter social security numbers irs.gov/Form990 for instr						Inspection	L
Α	For the 2	2021 calen	dar year, or tax year begin	•		nd ending			, 20)	
В	Check if ap	plicable:	C	-		-	D	Employer	identifica	tion number	
	Addres	ss change	NATIONAL COALITI	ON AGAINST CEN	SORSHIP,			13-3	19794	9	
	Name	change	INC.				E	Telephone	e number		
	Initial	return	19 FULTON STREET					(212)) 807	-6222	
	Final ret	turn/terminated	NEW YORK, NY 100	38							
	Amen	ded return					G	Gross rece	eipts \$	1,224,6	638.
	Applic	ation pending	F Name and address of principal	officer: CHRISTOPHE	ER M FINAN		(a) Is this a gro	•		103	X _{No}
			SAME AS C ABOVE			н	(b) Are all subo If "No," atta	rdinates ir ch a list. S	ncluded? See instruc	tions. Yes	No
1		mpt status:	X 501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527					
J	Websi	te:► WW	W.NCAC.ORG	1 1	1		(c) Group exem	·			
ĸ		organization:	X Corporation Trust	Association Other ►	L Yea	ar of formation	1984	M Sta	te of legal	domicile: NY	
Pa	art I	Summar	y ha tha avaanization'a miasi	an ar maat ainnifiaant .		DDOMO					
			be the organization's missi AND EXPRESSION AN						OF TH	OUGHT,	·
Governance	<u></u> ;	NQUIRI	AND EXPRESSION AN	ND OPPOSES CENS	ORSHIP_IN		<u>5 FORMS</u>	·			
nar											
Nel	2 Ch	neck this bo	ox ► if the organization	n discontinued its oper	ations or dispos	ed of more	e than 25%	of its ne	et asset	s.	
ğ	3 Nu		ting members of the gover						3		14
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4 Nu		dependent voting members	0 0 1	•				4		14
itie	5 To 6 To		of individuals employed in of volunteers (estimate if						5		6
Activities &	7a To		ed business revenue from F						о 7а		<u>10</u> 0.
4			business taxable income						7a 7b		0.
					.,		Prior			Current Yea	
	<b>8</b> Co	ontributions	and grants (Part VIII, line	1h)			1.0	35,83	5.	956,	
Revenue	<b>9</b> Pr	ogram serv	rice revenue (Part VIII, line	2g)				27			660.
eve	<b>10</b> Inv		icome (Part VIII, column (A					1,87		1,	365.
č			e (Part VIII, column (A), lir					19,87		221,	
			e – add lines 8 through 11				1,2	57,85	4.	1,181,	088.
			milar amounts paid (Part I		-						
			to or for members (Part I)						-		
ŝ	<b>15</b> Sa		er compensation, employee	-			5	90,61	.9.	718,	249.
Expenses	<b>16a</b> Pr	ofessional	fundraising fees (Part IX, c	column (A), line 11e).							
, per	. <b>b</b> To	otal fundrais	sing expenses (Part IX, col	umn (D), line 25) 🕨	81	,921.					
ш	17 Ot		es (Part IX, column (A), lir					94,50	4.	461,	576.
	<b>18</b> To	tal expense	es. Add lines 13-17 (must e	equal Part IX, column (	(A), line 25)		1,0	85,12	3.	1,179,	825.
		evenue less	expenses. Subtract line 1	8 from line 12			1	72,73	1.	1,	263.
s or							Beginning of			End of Yea	
Assets ( Balanc	<b>20</b> To <b>21</b> To		(Part X, line 16) s (Part X, line 26)					38,55		1,171,	
Net A Fund F			-					24,07		•	116.
_			fund balances. Subtract lin	ne 21 from line 20			1,1	14,47	9.	1,120,	212.
		Signatur		m including cocomponying or	hadulaa and atatama	nto and to the	a boot of my line		d haliaf ii	tio truo correct a	
com	plete. Decla	ration of prepa	eclare that I have examined this retu rer (other than officer) is based on a	all information of which prepare	er has any knowledge	9.	e best of my kind	wieuge ai	iu bellel, i	t is true, correct, a	anu.
Sig	gn	Signatu	re of officer				Date				
He	ere		ISTOPHER M FINAN				EXECUTI	VE DI	IRECT	OR	
			print name and title								
			reparer's name	Preparer's signature		Date	Che	ck	if PTI		
Pa			R. FRANCIS, CPA				self	employed	P0	0522000	
Pr	eparer	Firm's name									
US	e Only	Firm's addre								042845	
N4-		dicours #	BARDONIA, NY		tructions				(845)	623-3884	
_	-		is return with the preparer eduction Act Notice, see t							X Yes Form 990	No (2021)
DA			CUUCION ALL NOLICE, SEE L	ne sevarate instructio	13.	IEEA	0101L 09/22/21			FUIII <b>330</b>	$(\angle \cup \angle \mid)$

Form	n 990 (2021) NATIONAL COALITION AGAINST CENSORSHIP,	13-3197949	Page <b>2</b>
Par			
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	Х
1	Briefly describe the organization's mission: NCAC PROMOTES FREEDOM OF THOUGHT, INQUIRY AND EXPRESSION AND OPPO	ACES CENCODCUID	тм
	ALL ITS FORMS.	JSES CENSORSHIF	<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on the pri		
	Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	Yes	X No
3		rvices? Yes	X No
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv	rices, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	is to others, the total exp	enses,
4 a	a (Code: ) (Expenses \$ 466,776. including grants of \$ ) (F	levenue \$	)
	SEE SCHEDULE O		
4 k	b (Code:) (Expenses \$ 350,860. including grants of \$) (F	levenue \$	)
	<u>SEE_SCHEDULE_O</u>		
4 0	c (Code:) (Expenses \$199,477. including grants of \$) (F	Revenue \$	)
	SEE_SCHEDULE_O	·	^
4 c	d Other program services (Describe on Schedule O.)		
A -	(Expenses \$ including grants of \$ ) (Revenue \$	)	
46	e Total program service expenses ► 1,017,113.		00 (2021)

 Form 990 (2021)
 NATIONAL COALITION AGAINST CENSORSHIP,
 13-3197949

 Part IV
 Checklist of Required Schedules
 13-3197949

Is the experimetion department in postion $E(1/c)(2)$ or $4047/c)(1)$ (other then a private foundation)? If $1/c_0 / c_0$ and $1/c_0 / c_0$		Yes	No
Schedule A	1	Х	
Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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
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
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
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
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
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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
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
If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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	
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
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
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
Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions	17		Х
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	
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
Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
TEEA0103L 09/22/21		990	
	<ul> <li>Is the organization required to complete <i>Schedule B</i>, <i>Schedule a Contributors</i>? See instructions.</li> <li>Did the organization engage in direct or indirect political compaign activities on behalf of or in opposition to candidates for public office? If <i>Yes</i>, <i>complete Schedule C</i>, <i>Part</i> 1.</li> <li>Section 501(C/G) organizations. Did the organization engage in lobbying activities, or have a section 501(o) election in effect during the tax year? If <i>Yes</i>, <i>complete Schedule C</i>, <i>Part</i> 11.</li> <li>Is the organization a section 501(c)(d). 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar annust as defined in <i>Revenue</i> Procedum 98-197 If <i>Yes</i>, <i>complete Schedule C</i>, <i>Part</i> 11.</li> <li>Did the organization marintan or investment of annunsts in such funds or accounts? If <i>Yes</i>, <i>complete Schedule C</i>, <i>Part</i> 11.</li> <li>Did the organization marintan collections of works of art, historical treasures, or other similar assets? If <i>Yes</i>, <i>complete Schedule D</i>, <i>Part</i> 11.</li> <li>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic altreasures, or other similar assets? If <i>Yes</i>, <i>complete Schedule D</i>, <i>Part</i> 11.</li> <li>Did the organization report anount in Part X, line 21, for escrow or custodal account liability, serve as a sustidian for anounts in sustain <i>Part</i> X.</li> <li>Did the organization report anount for land, buildings, and equipment in Part X, line 102 If <i>Yes</i>, <i>complete Schedule D</i>, <i>Part</i> V.</li> <li>Did the organization report anount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in <i>Part</i> X, line 157 If <i>Yes</i>, <i>complete Schedule D</i>, <i>Part</i> V.</li> <li>Did the organization report anount for investments – other securities in Part X, line 13, that is 5% or more of its total assets reported in <i>Part</i> X, line 167 If <i>Yes</i>, <i>comp</i></li></ul>	Schedule A       1         1       1         1       1         1       1         1       1         2       1         1       1         2       1         1       1         2       1         1       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         2       1         3       2         3       2         3       3         4       1         4       1         5       3         5       1         4       1         5       1         5       1         5       1         5       1         5       1        5       1	Is the organization described in section 50 (c)3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' completes         1           Is the organization required to complete Schedule B. Schedule of Contributors? See instructions.         2           Other organization engage in infere of onicital contrainal campaign activities on behalf of or in opposition to candidates         3           Section 501(CA) organizations. Dick the organization manage in lobbying activities, or have a section 501(A) election         4           Is the organization maintian any done advised funds or any similar funds or accounts for which donors have the right to provide advice and the done advise funds or any similar funds or accounts? If 'Yes,' complete Schedule C, Part II.         5           Did the organization maintian any done advise funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II.         7           Did the organization maintian any done advise funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II.         7           Did the organization report an amount in Part X, line 21, for scrow or custodial account liability, serve as a custodian or a moving method the organization. Part II.         7           Did the organization report an amount II Part X, line 21, for scrow or custodial account liability, serve as a custodian or in amount in Part X, line 21, for scrow or custodial account liability, serve as a custodian or in amount II Part X, line 21, for scrow or custodial account liability, serve as a custodian or in amount in Part X, line 21, for scrow or custodial account liability, serve as a custodian or in amount in Part X, line 21, for scrow or custodial account

Page 3

P,

			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 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
l	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 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
l	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
l	<b>b</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 line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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		Х
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 L	33		Х
	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	<b>a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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			· No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1 b       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       0	1 c	X	
BAA		-	990 (	2021

13-3197949 Page 4

Form 990 (2		-	COALITION		
Part IV	Chec	klist of Req	uired Schedu	<b>iles</b> (conti	nued)

Form	990 (2021) NATIONAL COALITION AGAINST CENSORSHIP, 13-319794	9	F	Page 5
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 6			
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	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
Ł	If 'Yes,' enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 D 5 C		Λ
	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?	Ga	Х	
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		X	
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6 b	<u> </u>	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		X
	services provided to the payor?	7a		Λ
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Form 8282?	7 c	_	Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
-	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	organization have excess business holdings at any time during the year?	8		
9	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		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	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.).			
	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 12b			
	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			V
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	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	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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.

Chock	if Schodulo	O containe	a rochonco	or noto to ar	v lina in t	his Part VI
CHECK	II Scheuule		a response	or note to ar	iy iiie iii t	1115 Mart VI

<b>a</b> Enter the number of voting members of the governing body at the end of the tax year	Sec	tion A. Governing Body and Management			
If there are material differences in volting rights among members of the governing body, or 11 the governing body degraded body. Advance independent.       11         2 Data we officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       2         3 Dat the organization delegate control over management dudles customatily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         4 Dat the organization become aware during the year of a significant diversion of the organization's assets?       5       X         5 Dat the organization become aware during the year of a significant diversion of the organization's assets?       7       X         4 Dat the organization become aware during the year of a significant diversion of the organization have members, or stockholders, or other persons who had the power to elect or appoint one or more members or the governing body?       7       X         5 Dat the organization conter members, or stockholders?       7       K       X         6 Dat the organization conter members, or stockholders?       7       K       X         7 Dat the organization contermore members, or stockholders?       7       K       X         8 Dat the organization have members, or stockholders?       7       K       X         9 Dat the organization conter equilible diversition about				Yes	No
b Enter the number of voling members included on line 1a, above, who are independent.       1b       14         2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?       3       X         3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5 Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6 Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         7 Did the organization have members stockholders?.       7       X         7 A Did the organization have members stockholders?.       7       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the gravitation or the organization is entimely officer, director, trustee, or key employee issee in dardizes sey or Schedule 0       10a         9 Is there any officer, director, trustee, or key employee listed in Dart VII, Section A, who cannot be reached at the gra	1 8	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			
2       Did any officer, director, trustee, or key employee?.       2       X         3       Did the organization degate control over management duies customarily performed by or under the direct supervision of officers, directors, trustees, or key employee?.       3       X         4       Did the organization degate control over management duies customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         5       Did the organization neave members or stockholders?       6       X         6       Did the organization neave members, stockholders?       6       X         7       Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization take members. stockholders?       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.       7b       X         8       Did the organization have members. Stockholders?       7b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       9       X         9       Did the organization have enginest morpholes or provide the names and addresses on Schedule O.       9       X					
officer, director, trustee, or key employee? <ul> <li>2</li> <li>3</li> <li>3</li> <li>4</li> <li>4</li> <li>4</li> <li>5</li> <li>5</li> <li>4</li> <li>4</li> <li>5</li> <li>4</li> <li>5</li> <li>5</li> <li>4</li> <li>4</li> <li>5</li> <li>4</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>6</li> <li>7</li> <li>7</li> <li>6</li> <li>7</li> <li>7</li></ul>		· · · · · ·			
3       Did the organization delegate control over management duties customanyl performed by or under the eirect supervision of difficers, firstless, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the pror Form 990 was filed?       4       X         5       Did the organization bace members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6       X         7a       Did the organization contemporaneously document the meetings field or written actions undertaken during the year by the following:       7b       X         8       Did the organization contemporaneously document the meetings field or written actions undertaken during the year by the following:       7b       X         8       Did the organization have members, stockholders, or they approval by members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       7b       X         10a bit he organization have uncel chapters, branches, or affiliates?       10a       10a       10a       10a <t< td=""><td>2</td><td></td><td>2</td><td></td><td>X</td></t<>	2		2		X
4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         6       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       X         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7       X         8       Did the organization have soften than the governing body?       8       X       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the governing body?       8       X       10       X         Gettion B. Policies (The Section B equests information about policies not required by the Internal Revenue Code?         10 a Did the organization have writes policies and predures governing body fere filing the form?       10       11       X         Deschere on Schedule O the process, if any used by the organization fave a written achines of the governing body fere filing the form?       10       11       X	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       X         6       Did the organization have members or stockholders?       7       X         6       Did the organization have members or stockholders?       7       X         7       Did the organization have members or stockholders?       7       X         6       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         7       The governing body?       8       8       X       8       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have durites with anothers, branches, or affiliates?       Yes       No         10a Did the organization have written policies and procedure governing body?       10a       X       10a       X         11       H Ses dimension have a written onclus and procedure governing bady before fling the form?       10a       X       10a       X         12a Did the organization naved a complet coyoof this form 990.       SEE SCHED	4	Did the organization make any significant changes to its governing documents	_		
6       Did the organization have members, stockholders?.       6       X         7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.       7a       X         8       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         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 Y'es', 'orovide the names and addresses on Schedule O       9       X         9       Is there any officer, director, trustee, or key employees listed in Part VII. Section Ar nequired by the Internal Revenue Code.)       Yes       No         9       Is there any officer, director, trustee, or key employee werning the advises of such capters, affiliates, and haaches to ensure their organization have local chapters, branches, or affiliates?.       10a       Yes       No         10a Did the organization have local chapters, branches, or affiliates?       10a       11a       X         10b a Ur (sci (d) the organization have a written docine and produtes governing body before filing the form?       12a       10a         11a Ats the organization have a written docine and p	F				
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7 a       X         9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7 b       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8 a       X         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? <i>If Yes', provide the names and addresses on Schedule O</i> 9 a       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a 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 to eview this form 990.       SEE SCHEDULE 0       10a       12a       10b       11a       X         Describe on Schedule O the process, if any, used by the organization to review this form 990.       SEE SCHEDULE 0       12a       12b       12a       12a       12a       12a       12a       12a       12a       12a       12a       1	-		-		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8 bit the organization contemporaneously document the meetings held or written actions undertaken during the year by       8a       X         9 bit the organization contemporaneously document the meetings held or written actions undertaken during the year by       8a       X         9 bit che organization contemporaneously document the meetings held or written actions undertaken during the year by       8a       X         9 bit che organization contemporaneously document the meetings held or written actions undertaken during the year by       8a       X         9 bit che organization fording address?       7b, '''', ''''''''''''''''''''''''''''''	-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       IT the governing body?.       8       X       8       X         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 'ves,' provide the names and addresses on Schedule 0.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a Did the organization have local chapters, branches, or affiliates?.       10a X         b If 'ves,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization s exempt purposes'.       11a         11 a has the organization nowed a complete coy of this Form 990 to all members of its governing body before filing the form?       11a         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       SEE SCHEDULE O       12a X         12 a Did the organization nowed written occlinet of interest policy? If 'No,' go to line 13       12b X       12b X         c Did the organization negularity and consistentiv monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE O       12a X         13 Did the organization four written document rete	ł	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
a The governing body?       Ba         a The governing body?       Ba         b Each committee with authority to act on behalf of the governing body?       Ba         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes,' provide the names and addresses on Schedule O       9         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a Did the organization have local chapters, branches, or affiliates?       Yes         b I' Yes,' did the organization noticed a complete coy of this Form 990 to all members of its governing body before filing the form?       11a         11a Has the organization noticed a complete coy of this Form 990 to all members of its governing body before filing the form?       11a         12a Did the organization noticed a complete coy of this Form 990 to all members of its governing body before filing the form?       11a         12a Did the organization notices, and key employees required to disclose annually interests that could give rise       12a         13 Did the organization negularly and consistently monitor and enforce compliance with the policy? If Yes,' describe on Schedule O how this was done SEE. SCHEDULE O       13a         14 Did the organization negularly and consistently monitor and destruction policy?       13a       14a         14 Did the organization mean a written whistleblower policy?       13a       14a	•		70		
b Each committee with authority to act on behalf of the governing body?       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8	8	the following:		V	
9       Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O       9       X         Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a Did the organization have local chapters, branches, or affiliates?       Image: the organization have local chapters, branches, or affiliates?       Image: the organization have local chapters, branches, or affiliates?       Image: the organization have local chapters, branches, or affiliates?         b If 'Yes,' did the organization have local chapters, branches, or affiliates?       Image: the organization have local chapters, branches, or affiliates?       Image: the organization provided a complete coy of this form 900 tall members of its governing body before filing the form?       Image: the organization bave wither conflict of interest policy? If 'No,' go to line 13       Image: the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done.       SEE, SCHEDULE 0       Image: the organization have a written contemporaneous substantiation of the diberation and decision?       Image: the organization have a written contemporaneous substantiation of the diberation and decision?       Image: the organization is a contemporaneous substantiation of the diberation and decision?       Image: the organization is a contemporaneous substantiation of the diberation and decision?       Image: the organization is a written contemporaneous substantiation of the diberation and decision?		· · · ·			<u> </u>
organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q.     9     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10 a Did the organization have local chapters, branches, or affiliates?     Yes       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?     10a       11 a has the organization have a vritten conflict of interest policy? If 'No,' go to line 13.     10b       b Bescribe on Schedule O the process, if any, used by the organization to review this Form '90.     SEE SCHEDULE O       12a Did the organization requilarly and consistently monitor and enforce compliance with the policy? If 'Ne,' describe on Schedule O how this was done.     SEE. SCHEDULE O       13 Did the organization have a written whistleblower policy?     12a     X       14 Did the organization have a written document retention and destruction policy?     12a     X       15 Did the organization have a written document retention and destruction policy?     13     X       14 X     X       15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ently furging the granization.     15a     X       16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ently during the yeer?     15b <td< td=""><td></td><td></td><td>8 b</td><td>Х</td><td><u> </u></td></td<>			8 b	Х	<u> </u>
10 a Did the organization have local chapters, branches, or affiliates?       Yes       No         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?       10a       X         11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       X         12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13       SEE SCHEDULE O       12a         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c Did the organization have a written whistleblower policy?       13       X       12a       X         12 b Did the organization have a written document retention and destruction policy?       13       X       14       X         15 Did the organization have a written document retention and destruction policy?       15a       X       14a       X         b Other officers or key employees of the organization.       SEE. SCHEDULE O       15b       X       16a       X         14 the organization invest in, contribute assets to, or paratical.       SEE. SCHEDULE O       15b       X       16a       X         15 Did the organization invest in, contribute assets to, or pa	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		Х
10 a Did the organization have local chapters, branches, or affiliates?       10 a       X         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 a       X         11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10 b       11 a       10 b         12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13       SEE SCHEDULE O       12 a       X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12 b       X       12 b       X         c Did the organization have a written whistelbower policy?       11 a       X       12 b       X         13 Did the organization have a written document retention and destruction policy?       13 X       14 X       14 X         14 Did the organization have a written document retention and destruction policy?       13 X       14 X       14 X         15 Did the organization have a written policy or procedure requiring the deliberation and decision?       15 A       15 A         16 a Did the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization is port west merest on sucha rangements?       15 A <t< td=""><td>Sec</td><td>tion B. Policies (This Section B requests information about policies not required by the Internal Re</td><td>eveni</td><td>ie Co</td><td>ode.)</td></t<>	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
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?       10b         11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       SEE       SCHEDULE O       12a       X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X       12b       X         c Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i> SEE. SCHEDULE O.       12c       X       12b       X         12 Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i> SEE. SCHEDULE O.       12c       X       12b       X       12c       X       12b       X       12c       X       12c       X       12b       X       12c       X       12c       X       12b       X       12c       X       12b       X       12c       X       12c       X       12b       X       12b       X       12c       X       12b				Yes	No
operations are consistent with the organization's exempt purposes?       10b         11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       SEE SCHEDULE O         12 a 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       12a         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE 0       12a         13 Did the organization have a written whistleblower policy?       13i       X         14 Did the organization have a written document retention and destruction policy?       14i       X         15 Did the organization's CEO, Executive Director, or top management official. SEE SCHEDULE 0.       15a       X         b Other officers or key employees of the organization. SEE SCHEDULE 0.       15b       X         16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       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 tak			10 a		Х
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       SEE SCHEDULE O         12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       12a X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE O       12c X         13 Did the organization have a written document retention and destruction policy?       13 X         14 Did the organization have a written document retention and destruction policy?       13 X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a X         a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b X         16 a 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?       16a X         16 I'Yes,' did the organization to wake its Form 990 is required to be filed <b>*</b> NONE       16b         Section 61.0 Arguires an organization to make its Forms 1023 (1024 or 1024	ł		10 b		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			11 a	Х	
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	ł	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
to conflicts?       12b       X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done       12c       X         13 Did the organization have a written whistleblower policy?       13       X       12c       X         14 Did the organization have a written document retention and destruction policy?       14       X       14       X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O.       15a       X         b Other officers or key employees of the organizationSEE . SCHEDULE. O.       15b       X         if 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       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?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed <b>*</b> NONE       18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990			12a	Х	
Schedule O how this was done       SEE. SCHEDULE.0       12 c       X         13 Did the organization have a written whistleblower policy?       13 X       14 X         14 Did the organization have a written document retention and destruction policy?       14 X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14 X         a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.0.       15 a       X         b Other officers or key employees of the organizationSEE .SCHEDULE.0.       15 b       X         If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.       16 a       X         16 a 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?       16 b         Section C. Disclosure       17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE       16 b         18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ł	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O.       15a       X         b Other officers or key employees of the organization SEE . SCHEDULE. O.       15b       X         If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       X         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?       16a       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       16b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)	(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE . Q.	12 c	Х	
15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. 0.       15 a         b Other officers or key employees of the organization SEE . SCHEDULE. 0.       15 b         If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.       15 b         16 a 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         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?       16 b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)	13	Did the organization have a written whistleblower policy?	13	Х	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEO	14	Did the organization have a written document retention and destruction policy?	14	Х	
b Other officers or key employees of the organization SEE . SCHEDULE. O.       15 b       X         If 'Yes' to line 15a or 15b, describe the process on 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?.       16a       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       16b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed ▶ NONE       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)	15				
If 'Yes' to line 15a or 15b, describe the process on 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?	á	a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULE.0	15a	Х	
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	ł	o Other officers or key employees of the organization SEE . SCHEDULE. O	15b	Х	
taxable entity during the year?		If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
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       16b         17       List the states with which a copy of this Form 990 is required to be filed ►       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain on Schedule O)	16 a		16 a		X
Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed ►       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)	ł	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
17       List the states with which a copy of this Form 990 is required to be filed ►       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         Image: X       Own website       Image: X         Image: X       Own request       Other (explain on Schedule O)	500		160		L
18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         Image: The section of th	-				
available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         X       Own website         X       Upon request         Other (explain on Schedule O)			01/02/		
	18	available for public inspection. Indicate how you made these available. Check all that apply.	) (C)(:	s)s or	шу)
<ul> <li>19 Describe on Schedule U whether (and it so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> </ul>	19 20		ble to		

20	Slale	ne name, auuress, and	i leie	phone numb	er or the per	ISUIT WI	io hosse:	5565	the organiz		oks and records
	THE	ORGANIZATION	19	FULTON	STREET	NEW	YORK	NY	10038	(212)	807-6222

Х

13-3197949

Form 990 (2021) NATIONAL COALITION AGAINST CENSORSHIP,	13-3197949	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensa	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the	

• 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Х 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	Pos thar is	s both	an o	officer /truste	eck mo ss perso and a ee)		<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> 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	(W-2/1099- (W-2/1099- MISC/1099-NEC)	(W-2/1099- (W-2/1099-NEC)	compensation from the organization and related organizations
	COPHER_FINAN	40									
	IVE DIRECTOR	0				Х			165,000.	0.	0.
<u>(2)</u> JON AN		1									
CHAIRN		0	Х						0.	0.	0.
	L BAMBERGER	1									
DIRECT		0	Х						0.	0.	0.
	LLL.KENNEDY		.,						0	0	2
DIRECT		0	Х						0.	0.	0.
	IARIA LEONETTI		37						0	0	0
DIRECT		0	Х						0.	0.	0.
<u>(6)</u> SUSAN DIRECT		$-\frac{1}{0}$	Х						0.	0.	0.
(7) OREN T		1	Λ						0.	0.	0.
TREASU			Х						0.	0.	0.
	I FREEDMAN	1	Λ						0.	0.	0.
DIRECT			Х						0.	0.	0.
	H. HARRIS	1	- 23						0.		0.
DIRECT			Х						0.	0.	0.
(10) PHIL H		1									
DIRECT		0	Х						0.	0.	0.
(11) MICHAE		1									
DIRECT		0	Х						0.	0.	0.
(12) EMILY	J.M. KNOX, PHD	1									
DIRECT		0	Х						0.	0.	0.
(13) CHRIS	PETERSON	1									
DIRECT	 COR	0	Х						0.	0.	0.
(14) LARRY		1									
DIRECT	OR	0	Х						0.	0.	0.
BAA		TEEA0	107L	09/22	2/21						Form 990 (2021)

#### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F) (A) Average Reportable compensation from the organization (W-2/1099-Reportable compensation from related organizations (W-2/1099hours Name and title Estimated amount per week (list any of other compensation from the organization and related Officer Individual trustee Institutional Key ormer lighest compensated nployee hours MISC/1099-NEC) MISC/1099-NEC) for employee related organiza - tions organizations I trustee below dotted line) (15) EMILY WHITFIELD 1 DIRECTOR 0 Х 0. 0 0. (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Subtotal 165,000 0 0. c Total from continuation sheets to Part VII, Section A 0 0. 0. ► d Total (add lines 1b and 1c) 165,000 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation 2 from the organization **>** 1 Yes No Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*..... 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for* 4 4 Х such individual ... Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person ..... 5 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) Description of services (C) Compensation (A) Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than 2

\$100,000 of compensation from the organization ► ∩

Form 990 (2021) NATIONAL COALITION AGAINST CENSORSHIP

13-3197949

Page 8

#### Form 990 (2021) NATIONAL COALITION AGAINST CENSORSHIP

#### Part VIII Statement of Revenue

1 a Federated campaigns .....

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

a resp	oonse or note to any	y line in this Part V			
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1 a					
1 b	17,100.				
1 c					
1 d					
1 e	138,007.				
1 f	801,303.				
1 g					
	••••••	956,410.			
	Business Code				
	451211	1,660.	1,660.		

ង ដ	1 a	Federated campaigns 1a					
Grants, mounts	b	Membership dues 1b	17,100.				
s, Grants, Amounts	C	: Fundraising events 1 c					
ar line		Related organizations 1d					
s, G	е	e Government grants (contributions) 1 e	138,007.				
rion Sin Sin	f	All other contributions, gifts, grants, and					
Contributions, Gifts, and Other Similar A		similar amounts not included above 1 f Noncash contributions included in	801,303.				
	y	lines 1a-1f 1g					
S E	h	Total. Add lines 1a-1f	▶	956,410.			
le			Business Code				
Program Service Revenue	2 a	RELATED REVENUE	451211	1,660.	1,660.		
Bei	b						
ice	c	:					
Serv.	d	I					
Ĕ	е	·					
gra	f	All other program service revenue					
Pro	g	J Total. Add lines 2a-2f		1,660.			
	3	Investment income (including dividends, other similar amounts)	nterest, and				
				1,365.	1,365.		
	4	Income from investment of tax-exemp					
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents 6a 13,715					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c 13,715					
	d	Net rental income or (loss)		13,715.			13,715.
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
		and sales expenses <b>7b</b> ; Gain or (loss) <b>7c</b>					
		; Gain or (loss) <b>7c</b>					
		- · · ·	······································				
he	8 a	Gross income from fundraising events					
len		(not including \$ of contributions reported on line 1c).					
je je			a 251,488.				
2	h		a 251,488. b 43,550.				
Other Revenue		: Net income or (loss) from fundraising	10,000.	207,938.			
0		Ť.		201,930.			
	Уa	Gross income from gaming activities.	a				
	b		b				
		ے . Net income or (loss) from gaming acti :					
	100	Gross sales of inventory, less	a				
	b	Less: cost of goods sold	b				
	c	: Net income or (loss) from sales of inv	entory ►				
S			Business Code				
Miscellaneous Revenue	11 a b c d	·					
an	b	)					
	c	:					
SI &							
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶	1,181,088.	3,025.	0.	13,715.

Page 9

8	(include section 401(k) and 403(b) employer contributions)	10 741	11 240	254	1 1
9	Other employee benefits	12,741.	11,340.	254.	1,1
9 10	Payroll taxes	20,439.	18,191.	409.	1,8
	5	48,025.	42,743.	960.	4,3
	Fees for services (nonemployees):				
	a Management				
	b Legal				
	c Accounting	8,000.		8,000.	
	Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$CH. Q Advertising and promotion	233,252.	195,920.	35,621.	1,7
13	Office expenses	14,885.	13,437.	1,250.	1
14	Information technology	37,606.	32,341.	3,009.	2,2
15	Royalties				_,_
16	Occupancy	136,074.	117,024.	16,329.	2,7
17	Travel	1,190.	690.	143.	3
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	630.	541.	13.	
23	Insurance	5,299.	4,557.	636.	1
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.)				
ä	PRINTING_AND_PUBLICATIONS	12,053.	5,052.	722.	6,2
	POSTAGE AND SHIPPING	6,127.	2,964.	247.	2,9
	[©] <u>TELEPHONE</u>	5,232.	4,499.	105.	6
(	^d <u>MEALS</u>	1,228.	845.	352.	
(	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,179,825.	1,017,113.	80,791.	81,9
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)				
BAA	\	TEEA0110L 09/22	2/21		Form 990 (2

#### NATIONAL COALITION AGAINST CENSORSHIP, Form 990 (2021)

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

(A) Total expenses

0.0,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	165,000.	152,259.	12,741.	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)				0
-		0.	0.	0.	0
7	Other salaries and wages	472,044.	414,710.		57,334
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,741.	11,340.	254.	1,147
9	Other employee benefits	20,439.	18,191.	409.	1,839
10	Payroll taxes	48,025.			
	Fees for services (nonemployees):	48,025.	42,743.	960.	4,322
11					
	a Management				
	• Legal				
C	c Accounting	8,000.		8,000.	
C	Lobbying				
e	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	000.050	105 000	05 601	1 1 - 1
	(A), amount, list line 11g expenses on Schedule OSCH . $\Phi$	233,252.	195,920.	35,621.	1,711
12	Advertising and promotion				
13	Office expenses	14,885.	13,437.	1,250.	198
14	Information technology	37,606.	32,341.	3,009.	2,256
15	Royalties				
16	Occupancy	136,074.	117,024.	16,329.	2,721
17	Travel	1,190.	690.	143.	357
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	630.	541.	13.	76.
	Insurance	5,299.	4,557.	636.	106
	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.).	5,235.	4,337.	050.	
a	PRINTING AND PUBLICATIONS	12,053.	5,052.	722.	6,279.
	POSTAGE AND SHIPPING	6,127.	2,964.	247.	2,916
	TELEPHONE	5,232.	4,499.	105.	628
	MEALS	1,228.	845.	352.	31
		1,220.	043.	332.	51
		1 170 005	1 017 112	00 701	01 001
20	iotai iunctional expenses. Add lines i through 246	1,119,025.	1,01/,113.	ōU,/91.	81,921.
25 26	All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B)	1,179,825.	1,017,113.	80,791.	81,

(D) Fundraising

expenses

(C) Management and general expenses

(B) Program service expenses

Х

# Form 990 (2021) NATIONAL COALITION AGAINST CENSORSHIP,

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.	292,354.	1	301,116.
	2	Savings and temporary cash investments.	728,369.	2	728,985.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,980.	4	75,800.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
s	8	Inventories for sale or use.		8	
šet	9	Prepaid expenses and deferred charges.	C 222	9	C 020
Assets	-		6,233.	9	6,928.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 3, 450.	1,223.	10 c	593.
	11	Investments – publicly traded securities.	24,698.	11	35,207.
	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)	1,138,556.	16	1,171,328.
	17	Accounts payable and accrued expenses	24,077.	17	51,116.
	18	Grants payable		18 19	
	19	Deferred revenue			
Ø	20	Tax-exempt bond liabilities		20 21	
ţi.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
		Total liabilities. Add lines 17 through 25.	24,077.	26	51,116.
sec		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			,
aň	27	Net assets without donor restrictions	1,042,621.	27	1,104,198.
Bal	28	Net assets with donor restrictions	71,858.	28	16,014.
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ►	/1,030.	20	10,014.
Y.F	20			20	
20	29	Capital stock or trust principal, or current funds		29	
sel	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	1 114 400	31	1 100 010
let	32	Total net assets or fund balances	1,114,479.	32	1,120,212.
~	33	Total liabilities and net assets/fund balances.	1,138,556.	33	1,171,328.

Page 11

13-3197949

Form	990 (2021) NATIONAL COALITION AGAINST CENSORSHIP, 13	-3197	949		Pa	ige <b>12</b>
Par	t 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	,18	31,0	)88.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2				325.
3	Revenue less expenses. Subtract line 2 from line 1	. 3				263.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1	1,114,		
5	Net unrealized gains (losses) on investments.	. 5		,		170.
6	Donated services and use of facilities	. 6			-/-	
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	. 10	1	,12	20,2	212.
Par	t 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 on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a	a			
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
U	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa			20	Λ	
	basis, consolidated basis, or both:	Tale				
	X Separate basis Consolidated basis Both consolidated and separate basis					1
с	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc 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 a	udit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 09/22/21		F	orm	99 <b>0</b> (	(2021)

		Public Chari	ity Status and P	ublic	Supr	oort	OMB No. 1545-0047	
SCHEDULE A (Form 990)	Con	plete if the organiza	tion is a section 501(c) a)(1) nonexempt charita	(3) orga	nization		2021	
	► Attach to Form 990 or Form 990-EZ.							
Department of the Treasury Internal Revenue Service	► (	Go to www.irs.gov/Fo	orm990 for instructions	and the	latest i	nformation.	Inspection	
	NATIONAL CO	DALITION AGAI	NST CENSORSHIP,			Employer identific 13-319794		
			organizations must				ctions.	
1       A church, com         2       A school dest         3       A hospital or         4       A medical res         name, city, a       5	vention of church cribed in <b>sectio</b> a cooperative h search organiza nd state: on operated for	es, or association of c n 170(b)(1)(A)(ii). (At iospital service orgar tion operated in conj the benefit of a collo	(For lines 1 through 12, thurches described in sect tach Schedule E (Form hization described in sec unction with a hospital of ege or university owned	tion 170( 990).) ction 17 describe	b)(1)(A)( D(b)(1)(A d in sec	i). A)(iii). :tion 170(b)(1)(A)(iii). E		
section 170(b	<b>)(1)(A)(iv).</b> (Co	mplete Part II.)			<b>,</b>			
7 X An organization in section 17	on that normally r 0(b)(1)(A)(vi).	eceives a substantial Complete Part II.)	ental unit described in <b>s</b> part of its support from a	governm			blic described	
			(A)(vi). (Complete Part I	-				
	r a non-land-gra	nt college of agricultur	ction 170(b)(1)(A)(ix) oper e (see instructions). Enter	the nan				
investment in	on that normall s related to its a come and unre	y receives (1) more t exempt functions, su	than 33-1/3% of its supp bject to certain exceptio le income (less section	oort from ns; and	n contrib (2) no r from b	outions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after	
			ely to test for public safe	ety. See	sectior	n 509(a)(4).		
or more publi lines 12a thro	icly supported o ough 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of supporting organization	or <b>sectio</b> and con	n <b>509(a</b> ) plete lir	<b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	a)(3). Check the box on	
complete Par	) the power to re rt IV, Sections A	gularly appoint or elect and B.	ed, or controlled by its sup t a majority of the director	rs or trus	stees of t	he supporting organization	ion. You must	
management of must comple	of the supporting te Part IV, Sect	organization vested ir ions A and C.	controlled in connection the same persons that c	ontrol or	manage	the supported organization	tion(s). <b>You</b>	
C Type III function organization	onally integrated s) (see instructi	. A supporting organiza ons). <b>You must com</b>	tion operated in connection	n with, a <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported	
functionally in	ntegrated. The d	organization generall	ganization operated in cor y must satisfy a distribu <b>ns A and D, and Part V.</b>	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see	
integrated, or	r Type III non-fu	nctionally integrated	ten determination from t supporting organization	۱.		51 . 51 . 51		
	5	n about the supporte	d organization(s).	1				
(i) Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
<u>(B)</u>								
(C)								
(D)								
(E)								
Total BAA For Paperwork R	eduction Act N	otice, see the Instru	ctions for Form 990 or 9	990-EZ.		Sche	dule A (Form 990) 2021	
		, <b>.</b>	TEEA0401L 08/31/21					

#### NATIONAL COALITION AGAINST CENSORSHIP, 13-3197949

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

	don A. i ubile Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,150,974.	788,023.	822,467.	1,036,110.	958,070.	4,755,644.
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	1,150,974.	788,023.	822,467.	1,036,110.	958,070.	4,755,644.
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.
	Public support. Subtract line 5 from line 4						4,755,644.
Sec	tion B. Total Support	r 1			[]		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4	1,150,974.	788,023.	822,467.	1,036,110.	958,070.	4,755,644.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,782.	3,574.	3,574.	1,872.	1,365.	49,167.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		43,345.	42,840.	18,598.	13,715.	118,498.
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						4,923,309.
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pu				-		
	Public support percentage for 20 Public support percentage from						<u>96.59%</u> 96.19%
	<b>33-1/3% support test–2021.</b> If t and <b>stop here.</b> The organization	he organization di	d not check the be	ox on line 13, an	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test–2020.</b> If the and <b>stop here.</b> The organization	ne organization dic qualifies as a pul	not check a box blicly supported or	on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-ai	nd-circumstances	test, check this I	box and stop here	Explain in Part '	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-and d-circumstances te	nd-circumstances est. The organizati	test, check this l on qualifies as a	pox and stop here publicly supporte	Explain in Part dorganization	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	s box and see ins	structions 🕨 🗌

Schedule A (Form 990) 2021

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	lar year (or fiscal year beginning in) Þ	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include						
_	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
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						
	<b>Total.</b> Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
-	for the year						
ر 8	Public support. (Subtract line						
0	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)					L' 501()(2)	
14	First 5 years. If the Form 990 is organization, check this box and	stop here				section 501(c)(3)	▶
Sec	tion C. Computation of Pu		Percentage				
15	Public support percentage for 20	021 (line 8, colum	n (f), divided by li	ne 13, column (f)	)	15	00
16	Public support percentage from	2020 Schedule A	, Part III, line 15			16	olo
Sec	tion D. Computation of Inv	estment Incor	me Percentage	e			
17	Investment income percentage f	or 2021 (line 10c	, column (f), divid	ed by line 13, col	umn (f))	17	0/0
18	Investment income percentage f	rom <b>2020</b> Schedu	ile A, Part III, line	17		18	0/0
19a	33-1/3% support tests-2021. If	the organization of	did not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17 🚬
	is not more than 33-1/3%, check	k this box and <b>sto</b>	p here. The organ	nization qualifies a	as a publicly supp	orted organization	•
b	<b>33-1/3% support tests</b> -2020. If i						
20	line 18 is not more than 33-1/3% Private foundation. If the organi						
	i invate ioundation. It the organi				LICCK UIIS DUX dIIL		

Page 4

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

			Yes	No
			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
		~		
3a	a 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		
ŀ	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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	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.	4a		
ł	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 <b>Part VI</b> 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	a 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 <b>Part VI,</b> 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		
	· · · · · · · · · · · · · · · · · · ·			
t	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI.</b>	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,'			
	complete Part I of Schedule L (Form 990).	8		
9a	a 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 <b>Part VI.</b>	9a		
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	c Did a disqualified person (as defined on 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 <b>Part VI</b> .	9c		
10a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
-		1.54		
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.)	10b		

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

NATIONAL COALITION AGAINST CENSORSHIP,

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

### Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played</i>			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

13-3197949

Page 5

Yes

Yes

No

No

Yes

1

2

No

Part V

# A (Form 990) 2021 NATIONAL COALITION AGAINST CENSORSHIP, Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 No ns mus	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
<b>3</b> Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Subtract line 2 from line 1d.	3		
<b>4</b> 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		
Section 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check have if the surrent year is the surrentiants first as a new functionally into	avatad	Turne III evenerations are	

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

BAA

Schedule A (Form 990) 2021

# NATIONAL COALITION AGAINST CENSORSHIP,

Par	t V   Type III Non-Functionally integrated 509(a)(3) St	upporting Organiza	ations (continue	a)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported organizatior	IS,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	e details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	P From 2017				
	From 2018				
d	From 2019				
e	Prom 2020				
1	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	i Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	NATIONAL COALITION AGAINST CENSORSHIP, 13-3197949	Page 8
III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section art IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lso complete this part for any additional information. (See instructions.)	

Schedule	В
(Form 990)	

# **Schedule of Contributors**

OMB No. 1545-0047

2021

Attach to Form 990 or Form 990-PF.	
o to www.irs.gov/Form990 for the latest information	n.

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 fo		
Name of the organization			CENICODOUT

INC.	13-3197949
NAME OF the organization NATIONAL COALITION AGAINST CENSORSHIP,	Employer identification number

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)	1	2	Page <b>2</b>
Name of organization	Employer identification numbe	r	
NATIONAL COALITION AGAINST CENSORSHIP,	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
<u>1</u>	PHIL HARVEY		Person X Payroll
	1001 CONNECTICUT AVE NW, ST 80	\$ <u>200,000.</u>	Noncash
	WASHINGTON, DC_20036		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 Payroll
	160 SPEAR_STREET	\$ <u>75,987.</u>	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	MACMILLAN_PUBLISHING_USA		Person X
	175_5TH_AVENUE	\$66,000.	Payroll Noncash
	NEW YORK, NY 10010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PENGUIN RANDOM HOUSE LLC		Person X
4	PENGUIN RANDOM HOUSE LLC 1745 BROADWAY	 \$40,000.	Person X Payroll Noncash
<u>4</u>			Payroll
4 (a) No.	1745_BROADWAY		Payroll Noncash (Complete Part II for
(a)	1745_BROADWAY NEW_YORK,_NY_10019	 (c)	Payroll     Image: Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)       (d)       Type of contribution       Person     X
(a) No.	1745_BROADWAY NEW_YORK,_NY_10019 Name, address, and ZIP + 4	 (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	1745       BROADWAY         NEW YORK, NY 10019         Name, address, and ZIP + 4         SIMON & SCHUSTER	 (c) Total contributions	Payroll
(a) No.	1745       BROADWAY         NEW YORK, NY 10019         Name, address, and ZIP + 4         SIMON & SCHUSTER         1230       AVE OF THE AMERICAS	 (c) Total contributions	Payroll
(a) No.	1745       BROADWAY         NEW YORK, NY 10019         Name, address, and ZIP + 4         SIMON & SCHUSTER         1230       AVE OF THE AMERICAS         NEW YORK, NY 10020         (b)	 Total contributions \$\$\$	Payroll
(a) No. 5 (a) No.	1745       BROADWAY         NEW YORK, NY 10019         Name, address, and ZIP + 4         SIMON & SCHUSTER         1230       AVE OF THE AMERICAS         NEW YORK, NY 10020         Name, address, and ZIP + 4	 Total contributions \$\$\$	Payroll
(a) No. 5 (a) No.	1745       BROADWAY         NEW YORK, NY 10019         Name, address, and ZIP + 4         SIMON & SCHUSTER         1230       AVE OF THE AMERICAS         NEW YORK, NY 10020         Name, address, and ZIP + 4         HACHETTE BOOK GROUP	 Total contributions  \$\$25,000. Total contributions 	Payroll

Schedule B (Form 990) (2021)	2	2	Page <b>2</b>
Name of organization	Employer identification number	er	
NATIONAL COALITION AGAINST CENSORSHIP,	13-3197949		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	Jace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SEATTLE FOUNDATION		Person X
	1601 FIFTH AVENUE	\$20,000.	Payroll Noncash
	SEATTLE, WA 98101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WEISSMAN FAMILY FOUNDATION, INC.		Person X
	81_MANURSING_WAY	\$ <u>50,000.</u>	Noncash
	RYE, NY 10580		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANONYMOUS		Person X
	19 FULTON STREET, SUITE 407	\$45,000.	Payroll Noncash
	NEW YORK, NY 10038		(Complete Part II for noncash contributions.)
(2)	(b)		(-1)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>	Name, address, and ZIP + 4           TOM_LYONS	Total contributions	Person X
	Name, address, and ZIP + 4	Total contributions	
	Name, address, and ZIP + 4           TOM         LYONS		Person X Payroll
	Name, address, and ZIP + 4         TOM LYONS         19 FULTON STREET		Person X Payroll Noncash (Complete Part II for
<u>10</u> _	Name, address, and ZIP + 4         TOM LYONS         19_FULTON_STREET         NEW YORK, NY 10038         (b)	\$ <u>80,000</u> .	Person     X       Payroll
<u>10</u>	Name, address, and ZIP + 4         TOM LYONS         19_FULTON_STREET         NEW YORK, NY 10038         (b)         Name, address, and ZIP + 4	\$ <u>80,000</u> .	Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution
<u>10</u>	Name, address, and ZIP + 4         TOM LYONS         19 FULTON_STREET         NEW YORK, NY 10038         (b)         Name, address, and ZIP + 4         GINA_MARIA_LEONETTI_CHARITABLE_FUND	\$80,000. (c) Total contributions	Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contribution
<u>10</u>	Name, address, and ZIP + 4         TOM LYONS         19_FULTON_STREET         NEW YORK, NY 10038         (b)         Name, address, and ZIP + 4         GINA MARIA LEONETTI CHARITABLE FUND         415_E_52ND_ST., APT. #10DA         NEW YORK NY 10022	\$80,000. (c) Total contributions	Person       X         Payroll
<u>10</u>	Name, address, and ZIP + 4         TOM_LYONS	\$80,000. Total contributions \$20,000.	Person       X         Payroll       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       X         Person       X         Payroll       X         Noncash       X         Payroll       X         Noncash       X         Yupe of contributions.)       X         Person       X         Person       X         Person       X         Person       X         Person       X
<u>10</u>	Name, address, and ZIP + 4         TOM LYONS         19 FULTON STREET         NEW YORK, NY 10038         (b)         Name, address, and ZIP + 4         GINA MARIA LEONETTI CHARITABLE FUND         415 E 52ND ST., APT. #10DA         NEW YORK, NY 10022         Name, address, and ZIP + 4	\$80,000. Total contributions \$20,000.	Person       X         Payroll
<u>10</u>	Name, address, and ZIP + 4         TOM_LYONS         19_FULTON_STREET         NEW_YORK, NY_10038         (b)         Name, address, and ZIP + 4         GINA_MARIA_LEONETTI_CHARITABLE_FUND         415_E_52ND_ST., APT. #10DA         NEW YORK, NY 10022         Name, address, and ZIP + 4         KATZ_FAMILY	\$80,000. Total contributions \$20,000. Total contributions	Person       X         Payroll

Schedule B (Form 990) (2021)	1	1	Page <b>3</b>
Name of organization	Employer identi	fication nun	nber
NATIONAL COALITION AGAINST CENSORSHIP,		949	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No	(b)		(d)
(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
		   \$	
AA	TEEA0703L 10/06/21	Calculation of the second seco	 B (Form 990) (202

	B (Form 990) (2021)		1 1 Page	4					
Name of orga			Employer identification number						
	AL COALITION AGAINST CENSORS		13-3197949						
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribute ompleting Part III, enter the total o (Enter this information once. See	of exclusively religious, charitable, etc.,						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Parti	<u>N/A</u>								
		(e) Transfer of gift							
	Transferee's name, addres	ss, and ZIP + 4	Relationship 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	ss, and ZIP + 4	Relationship 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	ss, and ZIP + 4	Relationship of transferor to transferee						
				_ ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	L			_ ·					
			·						
	<b>T</b> urnete we de menue et d	(e) Transfer of gift	Deletionship of two of over to two of two						
	Transferee's name, addres	55, and ZIF + 4	Relationship of transferor to transferee						
BAA		TEEA0704L 10/06/21	Schedule B (Form 990) (2021	)					

SCI	<b>HEDULE D</b>	Sup	plemental Financial St	atements			OMB No. 1	545-0047
	rm 990)	► Comple	te if the organization answered 'Y 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1	'es' on Form 990.	b.		202	21
Depar Intern	tment of the Treasury al Revenue Service	► Go to www.irs	Attach to Form 990. s.gov/Form990 for instructions an	d the latest inform	nation.		Open to Inspecti	
Name	of the organization					Employer id	lentification nu	
INC		TION AGAINST CENSC				13-319	7949	
Par	t I Organizat Complete	tions Maintaining Donc if the organization ans	or Advised Funds or Other wered 'Yes' on Form 990, F	<b>Similar Funds</b> Part IV, line 6.	or Acc	ounts.		
			(a) Donor advised fun	ds	<b>(b)</b> F	unds and	other accou	nts
1		end of year						
2	55 5	ntributions to (during year)						
3 4		at end of year						
5	Did the organizati	ion inform all donors and do	nor advisors in writing that the as organization's exclusive legal cor				Yes	
6	0		ors, and donor advisors in writing			L		
Ū	for charitable pur	poses and not for the benefi	t of the donor or donor advisor, or	for any other pur	pose cor	nferring	Yes	No
Der			· · · · · · · · · · · · · · · · · · ·				Tes	
Par		ition Easements.	wered 'Yes' on Form 990, F	Part IV line 7				
1			y the organization (check all that					
	Preservation o	of land for public use (for exam	ple, recreation or education)	Preservation of	of a histo	rically imp	ortant land	area
	Protection of	natural habitat		Preservation of	of a certit	fied histori	c structure	
	Preservation	of open space						
2	Complete lines 2a last day of the tax		held a qualified conservation contrib	ution in the form of				<b>T V</b>
-	Total number of c	conservation easements		-	2a	feid at the	End of the	Tax Year
			ements.		2 b			
			ified historic structure included in	-	2 c			
C	Number of conser structure listed in	rvation easements included i the National Register	in (c) acquired after 7/25/06, and	not on a historic	2 d			
3	Number of conserv tax year ►	vation easements modified, trai	nsferred, released, extinguished, or t	terminated by the o	rganizatio	on during th	e	
4			ervation easement is located 🕨					
5			egarding the periodic monitoring, i					
6			nts it holds? inspecting, handling of violations, ar				Yes Iring the yea	<b>No</b>
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conservatio	n easeme	ents during	the year	
8	Does each conse	rvation easement reported o 1)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section	n 170(h)(	(4)(B)(i)	Yes	No
9	In Part XIII, descuinclude, if application conservation ease	able, the text of the footnote	ports conservation easements in ir to the organization's financial stat	ts revenue and ex tements that desc	pense st ribes the	atement ar organizati	nd balance on's accour	sheet, and nting for
Par	t III Organizat	tions Maintaining Colle	ections of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or Ot Part IV, line 8.	her Sin	nilar Ass	ets.	
1a	historical treasure	es, or other similar assets he	er FASB ASC 958, not to report in ald for public exhibition, education al statements that describes these	, or research in fu	ment and rtherance	l balance s e of public	heet works service, pro	of art, ovide in
ł	following amounts	s relating to these items:	er FASB ASC 958, to report in its i or public exhibition, education, or re				t works of a provide the	rt,
			, line 1					
n			historiaal traccuraa, or other cimilar .				owina	
2	amounts required	I to be reported under FASB	historical treasures, or other similar a ASC 958 relating to these items:	assets for financial	yain, pro	viue the fol	lowing	
	Revenue included	d on Form 990, Part VIII, line	e 1			►\$		
BAA	For Paperwork R	eduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 08/3	30/21	Sched	ule D (Form	n 990) 2 <mark>021</mark>

Schedule D (Form 990) 2021 NATIO				13-319	
Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
<b>3</b> Using the organization's acquisition items (check all that apply):	i, accession, ar	nd other records, check a	any of the following that ma	ake significant use of its	collection
a Public exhibition		<b>d</b> Loan	or exchange program		
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	rations				
4 Provide a description of the organiz Part XIII.	zation's collection	ons and explain how the	y further the organization's	s exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be maii	receive donations of an	rt, historical treasures, or organization's collection?	r other similar assets	Yes No
Part IV Escrow and Custodia					rm 990, Part IV,
line 9, or reported an	amount on	Form 990, Part X,	line 21.		,,
<b>1 a</b> Is the organization an agent, trus	stee custodiar	or other intermediary	for contributions or othe	ar assets not included	
on Form 990, Part X?					Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd complete the follow	ing table:		
					Amount
<b>c</b> Beginning balance				1c	
<b>d</b> Additions during the year					
e Distributions during the year					
<b>f</b> Ending balance					
<b>2 a</b> Did the organization include an a	amount on For	m 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	Check here if the expla	nation has been provided	d on Part XIII	
Part V Endowment Funds. C					
	(a) Current	year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
<b>1 a</b> Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentag	e of the currer	nt year end balance (lir	ne 1g, column (a)) held a	as:	•
<b>a</b> Board designated or quasi-endowm	ient 🕨	00			
b Permanent endowment ►	olo				
c Term endowment ►	0/0				
The percentages on lines 2a, 2b, a	nd 2c should ea	qual 100%.			
3 a Are there endowment funds not in	the possession	of the organization that	are held and administered	for the	
organization by:	110 00330331011				Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organizati	ions listed as required	on Schedule R?		3b
4 Describe in Part XIII the intended	d uses of the o	organization's endowm	ent funds.		<u> </u>
Part VI Land, Buildings, and	Equipment				
Complete if the organ			m 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land					
<b>b</b> Buildings	[				
c Leasehold improvements					
<b>d</b> Equipment	-		4,043.	3,450.	593.
<b>e</b> Other	-		1,010.	5/100.	
Total. Add lines 1a through 1e. (Colum		ual Form 990, Part X.	column (B), line 10c.)	•	593.
BAA	., - 1				ule D (Form 990) 2021

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 NATIONAL COALITION	AGAINST CENSO	RSHIP,	13-3197949 Pa	age <b>3</b>
<b>Part VII</b> Investments – Other Securities.		N/A		
Complete if the organization answered	'Yes' on Form 990	), Part IV, line 11b. S	<u>See Form 990, Part X, line</u>	: 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C) (D) (E)				
(D)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		7 17		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV_line 11c_S	See Form 990 Part X line	13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market val	
(1)		.,	5	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►				
Part IX Other Assets. Complete if the organization answered	N/A	) Part IV/ line 11d 9	Soo Form 990 Part X lina	15
	scription		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)			
Part X Other Liabilities.	, /			
Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, line 1 [°]	le or 11f. See Form 990, F	Part X, line 25.	
	ption of liability		(b) Book value	
(1) Federal income taxes				
(2)				
(3)				
(4) (5)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foc				
tax positions under FASB ASC 740. Check here if the text of the footnote has				-

Schedule D (Form 990) 2021 NATIONAL COALITION AGAINST CENSORSHIP, 1	3-3197949	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
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	1,181,088.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2 e	
3 Subtract line 2e from line 1.	3	1,181,088.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c 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	1,181,088.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,179,825.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2 e	
3 Subtract line 2e from line 1	3	1,179,825.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	-	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,179,825.
Part XIII Supplemental Information.		

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

SCHEDULE G					undraising or Gami	•		OMB No. 1545-0047
(Form 990)	Comple	organizatior	n entered m	ore than \$15	orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6	, or 19, or a.	if the	2021 Open to Public
Department of the Treasury Internal Revenue Service	rvice Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization NA IN		ITION AGA	INST C	ENSORSI	HIP,		Employer identification 13-319794	
Fundraising /	Activities. Complet	te if the organiza	tion answ	ered 'Yes' o	on Form 990, Part IV, line	e 17.	15 515754	5
	Z filers are not re the organization r				owing activities. Check	all that	apply.	
<b>a</b> X Mail solicitation	-		5 5		X Solicitation of non-	governn	nent grants	
H	email solicitations	5		f	Solicitation of gove		-	
c Phone solicita d In-person soli				g	X Special fundraising	events		
<b>2 a</b> Did the organization	n have a written o				including officers, directo			
					rofessional fundraising Irsuant to agreements (			
compensated at le	east \$5,000 by th	e organization.		. d. e e . e , p e				
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or i fundra	nount paid to retained by) aiser listed in olumn <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No		-		
1								
2								
3								
4								
5								
6								
7								
8								
9								
5								
10								
10								
	nich the organization				ontributions or has been	notified	it is exempt from	0.
or licensing.	5	5					1	2
					· <b></b>			<b></b>

Schedule	G	(Form	990)	2021
----------	---	-------	------	------

### NATIONAL COALITION AGAINST CENSORSHIP,

13-3197949 Page **2** 

Part II 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.

		List events with gross receipts gre				
			(a) Event #1 CELEBRATION OF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add column (a) through column (c))
			(event type)	(event type)	(total number)	
evenu	1	Gross receipts	251,488.			251,488.
R	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	251,488.			251,488.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
Expe	7	Food and beverages				
irect	8	Entertainment				
ā	9	Other direct expenses	43,550.			43,550.
	10	Direct expense summary. Add lines 4 thr				43,550.
	11	Net income summary. Subtract line 10 fr				207,938.
Par	t III	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Par	rt IV, line 19, or rep	ported more than
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
irect	4	Rent/facility costs				
Δ	5	Other direct expenses				
	6	Volunteer labor	Yes [%] No	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			_
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
a k	IS th If 'N	er the state(s) in which the organization come ne organization licensed to conduct gaming lo,' explain:	g activities in each of th	nese states?		

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 NATIONAL COALITION AGAINST CENSORSHIP, 13	-3197949	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility	13a	010
<b>b</b> An outside facility	13b	00
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►		
Address ►		
<ul> <li>15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:</li> </ul>	e? Yes e amount	No
Name ►		
Address ►		i 
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
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ► \$		
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	umns (iii) and ( additional	v);

SCHEDULE J	Compensation Information		OMB No. 15	45-0047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated		202	21
	<ul> <li>Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Onen te l	Dublia
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		Open to Inspec	
Name of the organization	NATIONAL COALITION AGAINST CENSORSHIP,	Employer identification	number	
		13-3197949		
Part I Question	s Regarding Compensation			Yes No
<b>1 a</b> Check the approp VII, Section A, I	riate box(es) if the organization provided any of the following to or for a person listed on Fo ne 1a. Complete Part III to provide any relevant information regarding these items.	rm 990, Part		
First-class o	r charter travel Housing allowance or residence for	personal use		
Travel for co	mpanions Payments for business use of person	onal residence		
Tax indemni	fication and gross-up payments Health or social club dues or initiati	on fees		
Discretionar	y spending account Personal services (such as maid, ch	nauffeur, chef)		
	s on line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If 'No,' complete Part III to expla	ain	. 1b	
	tion require substantiation prior to reimbursing or allowing expenses incurred by all c ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2	
3 Indicate which, if Executive Direct	any, of the following the organization used to establish the compensation of the organizatio or. Check all that apply. Do not check any boxes for methods used by a related organ nsation of the CEO/Executive Director, but explain in Part III.	n's CEO/		
	on committee X Written employment contract	PART II	I	
Independent	compensation consultant X Compensation survey or study			
X Form 990 of	other organizations X Approval by the board or compensations	ition committee		
4 During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi a related organization:	ling		
<b>a</b> Receive a sever	ance payment or change-of-control payment?		. 4a	Х
	receive payment from a supplemental nonqualified retirement plan?			Х
	receive payment from an equity-based compensation arrangement?		. 4c	X
If res to any of	F lines 4a-c, list the persons and provide the applicable amounts for each item in Part	1 111.		
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed contingent on th	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens e revenues of:	ation		
	1?			Х
	anization?		. 5b	Х
6 For persons listed	or 5b, describe in Part III. I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	sation		
Ũ	e net earnings of:		. 6a	V
	inization?			X
	or 6b, describe in Part III.			
7 For persons lister payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe escribed on lines 5 and 6? If 'Yes,' describe in Part III	d	. 7	x
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was s	ubject		
to the initial con	tract exception described in Regulations section 53.4958-4(a)(3)?		. 8	х
section 53.4958	did the organization also follow the rebuttable presumption procedure described in Regulation 6(c)?	ons	. 9	
BAA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Form	990) 2021

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

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

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

	(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensatio	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensatior in column (B) reported as deferred on prior Form 990
CHRISTOPHER FINAN	(i)	150,000.	15,000.	0.	0.	0.	165,000.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
_	(i)						+	
3	(ii)							
	(i)						+	
4	(ii)							
5	(i) (ii)						+	
5	(i)							
6	(i) (ii)				+		+	
<u> </u>	(i)							
7	(i) (ii)				+		+	
	(i)							
8	(ii)				+		+	
	(i)							
9	(ii)						+	
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)						+	
13	(ii)							
	(i)							
14	(ii)							
15	(i)				+		+	
15	(ii)							
16	(i)				+		+	
16 BAA	(ii)		TEEA4102L 10/27	1/01			<u> </u>	J (Form 990) 2021

13-3197949

#### Part III Supplemental Information

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

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

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

GEOGRAPHIC AREA TO COMPARE COMPETITIVE SALARIES.

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL COALITION AGAINST CENSORSHIP, INC.

Employer identification number 13-3197949

#### FORM 990, PART III, LINE 4A - 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 INOUIRE 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 2021, YFEP RESPONDED TO A NATIONAL BOOK-BANNING CRISIS IN SCHOOLS AND LIBRARIES BY CREATING A YOUTH FREE EXPRESSION DATABASE. THE NEW RESOURCE INCLUDES A MAP OF THREATS TO YOUTH EXPRESSION, INCLUDING SUPPRESSION OF SPEECH AND PROTEST AND SCHOOL AND LIBRARY BOOK CHALLENGES. YFEP COORDINATED OVER 1000 SIGNATORIES-INCLUDING PUBLISHING HOUSES, ADVOCACY ORGANIZATIONS, BOOKSELLERS, AUTHORS AND OTHERS--TO A STATEMENT CONDEMNING THESE ATTACKS ON FREE EXPRESSION.

YFEP ALSO CREATED A NEW DIRECT-SERVICE PROGRAM FOR HIGH SCHOOL STUDENTS TO LAUNCH IN 2022. THE PROGRAM EMBEDS FREE SPEECH CLUBS IN HIGH SCHOOLS NATIONWIDE TO ADDRESS A GROWING GENERATIONAL DISPARITY IN SUPPORT FOR FREE EXPRESSION.

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 2021, KRRP INVESTIGATED CHALLENGES

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,	Employer identification number
INC.	13-3197949

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

SEX, SEXUAL ORIENTATION, EXPLICIT LANGUAGE, AND VIOLENCE. FROM SEPTEMBER TO DECEMBER OF 2021, OVER 300 CHALLENGES WERE REPORTED AS PART OF A COORDINATED ATTACK ON BOOKS IN SCHOOLS AND LIBRARIES. EXAMPLES INCLUDED ENTIRE READINGS LISTS BEING REMOVED FROM SCHOOLS IN PENNSYLVANIA AND TEXAS. BOOKS BY AND ABOUT PEOPLE OF COLOR AND LGBTQ+ PEOPLE WERE PARTICULAR TARGETS, WITH VERY SIMILAR LISTS OF TITLES BEING CHALLENGED IN SCHOOLS FROM FLORIDA TO NEW YORK. IN RESPONSE, NCAC CREATED A BOOK CHALLENGE RESOURCE CENTER, BRINGING TOGETHER A VARIETY OF RESOURCES FOR PARENTS, STUDENTS, TEACHERS, LIBRARIANS, AUTHORS, BOOKSELLERS AND OTHERS TO CHALLENGE CENSORSHIP IN THEIR COMMUNITIES. NCAC ALSO LAUNCHED A BOOK CHALLENGE HOTLINE FOR CONCERNED CITIZENS TO GET ONE-TO-ONE SUPPORT FOR FIGHTING CENSORSHIP IN THEIR COMMUNITIES.

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

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

• ASSISTING STUDENTS, TEACHERS, LIBRARIANS, PARENTS AND OTHERS OPPOSING CENSORSHIP IN SCHOOLS AND LIBRARIES

• HELPING ARTISTS, CURATORS AND MUSEUM DIRECTORS RESIST ART CENSORSHIP

• INFORMING PUBLIC OFFICIALS, THE MEDIA AND THE GENERAL PUBLIC ABOUT FIRST AMENDMENT RIGHTS AND OBLIGATIONS

• ADVOCATING FOR PUBLIC POLICIES AND LAWS THAT RESPECT FIRST AMENDMENT RIGHTS
AND PRINCIPLES

• EDUCATING YOUNG PEOPLE AND THE WIDER PUBLIC ABOUT THE IMPORTANCE OF FREE EXPRESSION, CLAIMING THEIR RIGHTS AND RESPECTING THE RIGHTS OF OTHERS

• ENGAGING WITH A NATIONWIDE NETWORK OF ACTIVISTS AND SUPPORTING LOCAL ACTIVISM

• ANALYZING CENSORSHIP TRENDS, PUBLISHING ANALYSIS AND DEVELOPING NEW STRATEGIES TO PROMOTE FREE SPEECH RIGHTS

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,	Employer identification number
INC.	13-3197949

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

AS PART OF NCAC'S CORE PROGRAM, OUR 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 NEARLY 50 YEARS, WE HAVE ENGAGED IN DIRECT ADVOCACY AND EDUCATION TO SUPPORT FIRST AMENDMENT PRINCIPLES. NCAC IS UNIQUE IN THAT WE ARE NATIONAL IN SCOPE, BUT OFTEN LOCAL IN OUR APPROACH. WE WORK WITH COMMUNITY ORGANIZATIONS AND MEMBERS TO RESOLVE CENSORSHIP CONTROVERSIES WITHOUT THE NEED FOR LITIGATION.

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

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

NCAC'S ARTS AND CULTURE ADVOCACY PROGRAM (ACAP, FORMERLY ARTS ADVOCACY PROJECT) 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 2021, OUR DON'T DELETE ART PROJECT, A COLLABORATION BETWEEN SEVERAL INTERNATIONAL ARTS AND FREE EXPRESSION ORGANIZATIONS, AS WELL AS PROMINENT ARTISTS, GREW AND EXPANDED. THE PROJECT 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. DON'T DELETE ART CREATED A TOOLKIT FOR ARTISTS NAVIGATING UNFRIENDLY SOCIAL MEDIA PLATFORMS AND HELP A WORKSHOP FOR ARTISTS

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL COALITION AGAINST CENSORSHIP,	Employer identification number
INC.	13-3197949

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

TO DIRECTLY ASSIST ONE ANOTHER IN ADAPTING THEIR PRACTICES TO AVOID CENSORSHIP. ACAP ALSO WORKED SYSTEMICALLY TO PROMOTE ARTISTIC FREEDOM BY HELPING INSTITUTIONS, INCLUDING BOTH PRIVATE AND PUBLIC UNIVERSITIES, DEVELOP SOUND FREE EXPRESSION POLICIES FOLLOWING CENSORSHIP INCIDENTS.

#### 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

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

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

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

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
CONSULTING FEES	TOTAL <u>\$</u>	<u>233,252.</u> 233,252.	<u>    195,920.</u> \$   195,920.	35,621. \$35,621.	<u>1,711.</u> \$ 1,711.