ъ .	¥	•									
	_		ACCOUNTING			OMB No 1545-0047					
For	_ g	90 Return of Organiza Under section 501(c), 527, or 4947(a)(1)				2016					
Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.											
A For the 2016 calendar year, or tax year beginning JAN 1, 2016 and ending JUN 30, 2016											
B	Check r	f C Name of organization			D Employer identific	ation number					
i	pplical	MORALITY IN MEDIA, INC									
	Addr chan	DBA NATIONAL CTR ON SEXUA	L EXPLOITAT	ION							
Name Change Doing business as 13-2608326											
	Initia		to street address)	Room/suite	E Telephone number						
	Final	n/ <u>IIUU G SIKEEI, NW</u>	· · · · · · · · · · · · · · · · · · ·		202-3	<u> 393-7245 </u>					
_	ated	City or town, state or province, country, and ZIP or			G Gross receipts \$	<u>597,403.</u>					
	Iretur				H(a) Is this a group re						
L	Appl tion penc	F Name and address of principal onicer. FAIRIC			for subordinates	? . └──Yes └X No					
		<u>- 1100 G ST., NW., SUITE 103</u>			H(b) Are all subordinates ind						
			sert no.) 4947(a)(1) or [] 527	-	ist (see instructions)					
		ite: WWW.ENDSEXUALEXPLOITATION			H(c) Group exemption						
	orm o art l	of organization: X Corporation Trust Associati	on Other ►	L Year	of formation: 1968 M	State of legal domicile: DC					
	·····			NIAMITON							
çe	1	Briefly describe the organization's mission or most signific EXPLOITATION (NCOSE) IS THE									
Governance	2	Check this box Check this box									
ver	3	Number of voting members of the governing body (Part V		USED OF MORE		16					
ဗိ	4	Number of independent voting members of the governing	· · · ~			16					
Activities &	5	Total number of individuals employed in calendar year 20	· · · / ·	5.5.03.C	5	0					
vitie	6	Total number of volunteers (estimate if necessary)	10	/~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0					
çţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	Δ	7 . 7a	0.					
<	ь	Net unrelated business taxable income from Form 990-T,	line 34 /1.	10 / L	76	0.					
			107 4		Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		°∕∴Y∕	1,076,472.	<u>586,978.</u>					
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.					
Jev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	• • • •	/3/ _	932.	306.					
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part V	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1,077,404.	587,284.					
		Grants and similar amounts paid (Part IX, column (A), line		. –	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line			0.	0.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX		' <u> </u>	0.	335,864.					
en en		 Professional fundraising fees (Part IX, column (A), line 116 Total fundraising expenses (Part IX, column (D), line 25) 	» ▶81,3	103 ·	0.	0.					
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			674,382.	212,290.					
	18	Total expenses Add lines 13-17 (must equal Part IX, colu		· –	1,243,328.	548,154.					
	19	Revenue less expenses Subtract line 18 from line 12			<165,924.>						
Fund Balances				Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)			21,727.	45,593.					
dBs	21	Total liabilities (Part X, line 26)	•	. [36,916.	21,652.					
Fun	22	Net assets or fund balances Subtract line 21 from line 20)		<15,189.>						
Pa	nt II										
		alties of perjury, I declare that I have examined this return, includi			-	knowledge and belief, it is					
true,	corre	ct, and complete_Deelpration of preparer (other than officer) is ba	sed on all i <u>nformation of v</u>	hich preparer	has any knowledge.						

	, and complete contract of proparer (other analy other	n) to subou on all l							
Sign	Signature of officer	<u> </u>							
Here	PATRICK TRUEMAN, PRESI Type or print name and title	DENT							
	Print/Type preparer's name	Preparer's signat							
Paid	STEPHEN C. STONE	SVVI							
Preparer	Firm's name STONE AND SHAH C	PAS							
Use Only	Firm's address 14102 SULLYFIELD	CIRCLE,							
	CHANTILLY, VA 20	151							
May the IRS discuss this return with the preparer shown above? (see instruc									
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the sepa SEE SCHEDULE O FOR ORGANIZATION MI									

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	MORALITY IN MEDIA, INC <u>1990 (2016) . DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326</u>
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. THE NATIONAL CENTER ON SEXUAL EXPLOITATION (NCOSE) IS THE LEADING
	NATIONAL ORGANIZATION ADDRESSING THE PUBLIC HEALTH CRISIS OF
	PORNOGRAPHY AND EXPOSING THE LINKS BETWEEN ALL FORMS OF SEXUAL
	EXPLOITATION. NCOSE EMBRACES A MISSION TO DEFEND HUMAN DIGNITY AND T
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 121,620. including grants of \$) (Revenue \$) (Revenue \$
	GENERAL PUBLIC EDUCATION - THE NATIONAL CENTER ON SEXUAL EXPLOITATIC EDUCATES AND EMPOWERS THE PUBLIC BY ADDRESSING THE LINKS BETWEEN ALL
	FORMS OF SEXUAL EXPLOITATION, AND EXPOSING THE PUBLIC HEALTH CRISIS
	PORNOGRAPHY. NCOSE GATHERS THE LATEST PEER-REVIEWED RESEARCH, ALONG
	WITH ANECDOTAL EVIDENCE, IN ORDER TO SHED LIGHT ON THE PANDEMIC OF
	SEXUAL HARM. NCOSE ALSO MAINTAINS A DATABASE OF RESOURCES TO AID THO
	STRUGGLING WITH PORNOGRAPHY ADDICTION, THEIR PARTNERS, AND THEIR
	FAMILIES. THROUGH MEDIA AND GRASSROOTS EFFORTS, NCOSE RAISES AWARENE
	AND GIVES A VOICE TO THOSE WHO ARE SEEKING THE ABOLITION OF SEXUAL
	EXPLOITATION IN THEIR HOME, THEIR COMMUNITY, AND THEIR COUNTRY. NCOS
	EXECUTES AN EFFECTIVE OUTREACH STRATEGY TO INFLUENCE AND PROMOTE
	DISCUSSION OF THESE TOPICS IN MAINSTREAM MEDIA.
4b	(Code) (Expenses \$60,167. including grants of \$) (Revenue \$) (Revenue \$) (COALITION TO END SEXUAL EXPLOITATION (COALITION BUILDING) - THE
	NATIONAL CENTER ON SEXUAL EXPLOITATION (COADITION BUILDING) - THE
	GREATER MOVEMENT TO ADDRESS THE FULL SPECTRUM OF SEXUAL HARM. NCOSE
	A CONSTANT RESOURCE FOR CONCERNED CITIZENS AND LOCALIZED ADVOCACY
	GROUPS WORKING TO GET INVOLVED. ON A GLOBAL LEVEL, NCOSE IS THE LEAD
	OF THE COALITION TO END SEXUAL EXPLOITATION, AN INTERNATIONAL
	COALITION, WHICH BOASTS NEARLY 300 ORGANIZATIONS AND ACADEMIC EXPERT
	WHO ARE COMMITTED TO SHARING STRATEGIES AND RESOURCES IN ORDER TO
	ACHIEVE A WORLD FREE FROM SEXUAL EXPLOITATION. NCOSE HOSTS AN ANNUAL
	SUMMIT FOR LEADERS IN THE MOVEMENT AS WELL AS SMALLER TRAININGS AND
	STRATEGY SESSIONS THROUGHOUT THE YEAR AROUND THE COUNTRY IN ORDER TO EQUIP LEADERS WITH KNOWLEDGE ON LATEST RESEARCH AND STRATEGIES AND T
4r	(Code) (Expenses \$23,545. including grants of \$) (Revenue \$) (Revenue \$)
	CHANGING POLICIES THAT EXPLOIT THE NATIONAL CENTER ON SEXUAL
	EXPLOITATION CONTENDS THAT NO ORGANIZATION OR CORPORATION SHOULD PRO
	FROM, OR CONTRIBUTE TO, SEXUAL EXPLOITATION. UNFORTUNATELY, MANY
	MAINSTREAM COMPANIES AND GROUPS DO JUST THAT. NCOSE IS A PROVEN
	POLICY-CHANGER WITH AN INNOVATIVE COMBINATION OF ENGAGING AND INFORM
	EXECUTIVES ABOUT THEIR HARMFUL POLICIES ALONG WITH GALVANIZING PUBLI
	ATTENTION AND ACTION. NCOSE HAS INSTIGATED MAJOR POLICY SHIFTS IN HI
	PROFILE ENTITIES. IN RECENT YEARS, THIS INCLUDES GOOGLE, WALMART,
	HILTON WORLDWIDE, THE FEDERAL COMMUNICATIONS COMMISSION, AND MORE.
	NCOSE IS COMMITTED TO CREATING REAL-WORLD CHANGE IN FAVOR OF HUMAN DIGNITY AND SEXUAL JUSTICE.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 182,263. including grants of \$) (Revenue \$)
4e	Total program service expenses 387,595.

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	990 (2016) DBA_NATIONAL CTR ON SEXUAL EXPLOITATION13-2608	326	P	age 3
Ра	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	İ		ĺ
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	L
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i .		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III ,	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Í
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at-\$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	[X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		T	
	complete Schedule G, Part III	19		<u>X</u>
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Form 990 (2016)

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DBA NATIONAL CTR ON SEXUAL EXPLOITATION

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
~	Schedule K If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		_	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	} {		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 <u>8a</u>		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> X </u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ \		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and]]		
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	{ }		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016)

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Form 990 (2016)

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Form early Collis) DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 Page 5 Pert V Statements Regarding Other IRS Filings and Tex Compliance Check # Schedule Contains a response or note to any line in the Rar V Image: Check # Schedule Contains a response of note to picke in the Sar V 1a Enter the number of forms W2 Schedule din the Sar Compliance Check # Schedule Contains a response of note to picke in the Sar V Image: Check # Schedule Contains a response of note to pickets Image: Check # Schedule Contains a response of note to pickets Image: Check # Schedule Contains a response of note to pickets Image: Check # Schedule Contains a response of note to pickets Image: Check # Schedule Contains a response of the Schedule Check # Schedule Check Image: Check # Schedule Contains a response of the Schedule Check # Schedule	Form	MORALITY IN MEDIA, INC 1990 (2016)	326		
Check # Schedule O contains a response or note to any line in this Part V 1a Enter the number afform SUBC Enter-O in Na applicable 1a 1b 1b 1b 1b 1c	_	rt V Statements Regarding Other IRS Filings and Tax Compliance	520	P	age J
1a Enter the number reported in Box 3 of Form 1096 Enter-0- if not applicable 1a 1a 15 0 Dot the organization comply with backup withholding inles for reportable gayments to vendes and reportable gaming (gambling) within gambling with memory. 1c X 2a Enter the number of Forms W-23 includes in the year overed by this return. 1ga 0 0 2b If the reganization comply with backup withholding inles for reportable gayments to vendes and reportable gaming (gambling) with me 2a. do the organization the set of the organization have unniated business grass income of \$1.000 or more during the year? 3a X 3b Dif the organization have unniated business grass income of \$1.000 or more during the year? 3a X 3c Did the organization have an interset in, or a signature or other authority over, a financial accounts of the graph counter (bot of the organization have an interset in, or a signature or other authority over, a financial accounts of the organization have an interset of the organization have an interset of the organization have an interset of the organization accounts (EBAR). 5a X 6a Was the organization accounts of the organization have an interset of the organization accounts (EBAR). 5a X 6a Yea Yea	<u>. </u>				
1a Inter the number optical in Box 3 of Form 1006 Enter 0-4 not applicable 1a 15 b Enter the number of forms V23 included in the 1a. Enter 0-4 not applicable 1b 0 c Did the organization compty with backing rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?) 1c X 2a Enter the number of employees reported on Form V3. Transmittal of Wage and Tox Statements. 2a 0 3b If at least one is reported on the 2A, dot the organization file all request ideral enployment tax returns? 0 3b If at least one is reported on form V3. Transmittal of Wage and Tox Statements. 2a 0 3b If at least one is reported on the 2A, dot the organization file and enployment tax returns? 0 3a X 4 At any time ba, 2A, dot the organization have an interset n, or a signature or other authorty over, a financel account? 3a X b If 'Yes,' has at filed a form 990-Tro this yea? If 'No, 'to lene 3D, provide an explanation in Schedula O 3b X b If 'Yes,' to a probabid tax shelter transaccion account? 5a X b If 'Yes,' to a probabid tax shelter transaccion account? 5a X b If 'Yes,' to a probabid tax shelter transacci				Vac	
b Enter the number of Forms W-20 included in line 1a. Enter -0.r for tapploable,	19	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	
c Dot the organization comply with backup withholding ules for reportable payments to vendors and reportable gaming (gambing) winnings to prace winners? 1					
gambing winnings to prize winner? 12 X 2a Enter the number of employees reported on Form W3, Transmittel of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 12 0 b If at least one is reported on line 2a, dot the organization fie all required federal employment tax returns? 2a 0 3a Dd the organization have unrelated business gress income of \$1,000 or more duning the year? 3a X 3b Dd the organization have unrelated business gress income of \$1,000 or more duning the year? 3a X 3b Trives, in that field a Form 8000 for this year? 17 wore, in the calendar year, dot the organization have an interest in, or a signature or other authority over, a financial accountly count is a bank account, a count, a count is a tring count year? 4a X 5c Was the organization for this organization that it was or is a party to a prohotide tax sheller transaction? 5a X 5c Dd any taxable party noitry the organization the Form 80867? 5a X 6c 5a X 7c Organization and example with example or prive solutions of gress was a party to a prohotide tax sheller transaction? 5a X 7d Tyes, 'to lane 5a or 5b, of that organization the Com 80867? 5a X 7d Dransaction solid account yea 5a X 7d					1
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the field for the calendar year endary with or within the year covered by this returns? 2a 0 b If at least one is reported on line 2a, aid the organization file all required to et/le (see instructiona) 3a X b D'the organization have unnested to unises gross norm of \$1000 or mice during the year? 3a X b I'Yes, 'has if field a Form 990°T for the year? I' No, to line 3b, provide an explanation on the authority over, a financeal account in a foreign country (such as a bank account, securities account, or other financial account?) 4a X b I'Yes, 'has if field a Form 990°T for the year? I' No, 'ho line 3b, provide an explanation or hore authority over, a financeal account? 4a X b I'Yes, 'tere the name of the foreign country (such as a bank account, securities account, or other financial account? 4a X counts Dod mot organization have annual gross recomes provided tax where transaction? 5a X counts Dod and the organization have annual gross recomes provide? 5a X counts Units was an approventhe tax and the applice provide tax where transaction? 5a X do the organization have endurits the accounts? 5a X 7a X do	•		10		x
High of or the calendar year anding with or within the year covered by this return. Image: The second sec	2a			~~~~	<u> </u>
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a 11b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14a X 13a 13a			_ [
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c 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 13b 13c t Is the organization receive any payments for indoor tanning services during the tax year? 14a X				ł	
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amounts due or received from them) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13a b 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 13b c Enter the amount of reserves on hand 13c 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X				[
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a 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. 13a b 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 13b c Enter the amount of reserves on hand 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-			1	
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Discussion of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Discussion of the organization receive any payments for indoor tanning services during the tax year? Image: Discussion of the organization of the tax year? 14a X			13a		
b 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-			[
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~		Í		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с		-		
	14a		<u>1</u> 4a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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6 2016.02020 MORALITY IN MEDIA, INC DBA 56015_1

DBA NATIONAL CTR ON SEXUAL EXPLOITATION

13-2608326 Form 990 (2016) Page **6** Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	tion A. Governing Body and Management					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 18	a	16		103	t
	If there are material differences in voting rights among members of the governing body, or if the governing				1		ľ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1			ł
ь	Enter the number of voting members included in line 1a, above, who are independent	11		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	<u> </u>				1	
2	officer director trustee or key employee?	np wi	in any oure	•	2		l
з	Did the organization delegate control over management duties customarily performed by or under t	bodu	ract supany		 _	<u> </u>	
3	of officers, directors, or trustees, or key employees to a management company or other person?	ine un	lect superv	131011	3		[
٨	Did the organization make any significant changes to its governing documents since the prior Form	. 000 .	Nas filod?	•	4		ł
4 5	Did the organization make any significant changes to its governing documents since the phot Point Did the organization become aware during the year of a significant diversion of the organization's a			•• •	-4 -5		╞
	Did the errorization have members or stackholders?	SSEIS	f	•••			┞
6 7-			 _*	· •	6		┢
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	-			l _	1	
	more members of the governing body?				7a		┝
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	kholders, or				
	persons other than the governing body?				7b		┝
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by	the following	g:			ľ
а	The governing body?	•		-	_8a_	X	
b	Each committee with authority to act on behalf of the governing body?				<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ache	d at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Reven	ue Code)				-
				,		Yes	
	Did the organization have local chapters, branches, or affiliates?			1	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapt	ers, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy be	fore filing th	he form?	11 <u>a</u>		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
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 ris	e to c	onflicts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	descnbe				
	In Schedule O how this was done			[12c		_
13	Did the organization have a written whistleblower policy?				_13_		
14	Did the organization have a written document retention and destruction policy?				_14		
15	Did the process for determining compensation of the following persons include a review and approx	al by	independe	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?					
а	The organization's CEO, Executive Director, or top management official				15a		
b	Other officers or key employees of the organization			_	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	t with a		1		
	taxable entity during the year?				16a		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	s participati	on '			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		• •				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				_100_		
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, C	CA.	CO.CT	DC . FT.	.GA	. 11.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-						1
	for public inspection Indicate how you made these available. Check all that apply	1 (00			vanab		
	X Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	t of interest	policy, and	finan	cial	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's be	ooks	and record:	s. 🕨			
20							
20	PATRICK A. TRUEMAN, ESQ 202-393-7245						-
20		05-	7427				

MORALITY	IN MED	IA	,	IN	С					
								EXPLOITATION		326 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independer	nt Contract	tors	5							
Check if Schedule O contains a resp	onse or note te	o an	y lin	e in '	this	Par	t <u>VII</u>	<u>.</u>		
Section A. Officers, Directors, Trustees, Key	Employees, a	ind l	High	iest_	Co	mpe	nsa	ted Employees		·
1a Complete this table for all persons required to	o be listed. Rej	port	сол	pen	nsat	ion f	or th	ie calendar year ending	with or within the org	anızation's tax year
 List all of the organization's current officer. Enter -0- in columns (D), (E), and (F) if no compen List all of the organization's current key en 	sation was pai	d	•					0 //	5	compensation
 List the organization's five current highest c able compensation (Box 5 of Form W-2 and/or Bo 										
 List all of the organization's former officers reportable compensation from the organization a 	nd any related	org	anız	atior	ns		•			
 List all of the organization's former director more than \$10,000 of reportable compensation f 	rom the organi	zatio	on a	nd a	ıny ı	relat	ed o	rganizations		-
List persons in the following order: individual trus and former such persons.	tees or directo	ors; i	nstit	utio	nal	trust	tees,	officers; key employee	s; highest compensat	ed employees;
Check this box if neither the organization n	or any related	orga	aniza	tion		mpe	nsat	ed any current officer, of	director, or trustee	
(A)	(B)	1		(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		า ethan	оле	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is boi or/trus	th an	compensation	compensation	amount of
	week	<u> </u>				T		from	from related	other
	(list any hours for	director]			the	organizations (W-2/1099-MISC)	compensation
	related	5	fe		l	sated	l	organization (W-2/1099-MISC)	(W-2/1099-WISC)	from the organization
	organizations	Individual trustee	Institutional trustee		/ee	mpen		(11-2/1033-10130)		and related
	below	dual	ution:	-	읦	o st co				organizations
	line)	Indiv	Institi	Officer	Key employee	Highest compensated employee	Form			
(1) HADLEY ARKES	0.50									
DIRECTOR		X								
(2) PAUL S. LOVERDE	0.50									
DIRECTOR		X								
(3) DONALD HILTON	1.00					_				

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DIRECTOR

TREASURER

SECRETARY

632007 11-11-16

(4) SHIRLEY SEYFRIED

(5) MALEA STEPHENS

(6) ELIZABETH YORE

(8) ANNE NELSON

(10) TED BAEHR

(12) RON DEHAAS

(14) KEN SUKHIA

(15) RHONDA GRAFF

(9) ROBERT GEORGE

(11) MARGARET RUCKS

(13) ROBERT L. CAHILL, JR.

(16) PATRICK A. TRUEMAN, ESQ

PRESIDENT & CHIEF EXECUTIV

CHAIRMAN OF THE BOARD

(7) JOHN J. WALSH, ESQ

Form 990 (2016)

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2016.02020 MORALITY IN MEDIA, INC DBA 56015_1

MORALITY Form 990 (2016)		-				ΤΑΤ	r. 1	EXPLOITATION	13-260	18326	P	age 8
Part VII Section A. Officers, Directors, Tru							_			10120		age e
(A) Name and title	(B) Average hours per	(do r box,	not cl unles	(C Posi heck r ss per))	than s bot	one han	(D) Reportable compensation	(E) Reportable compensation	an	(F) timate	of
	week (list any hours for related organizations below line)	director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC) com) fr org and	other pensa om th anizat d relat anizati	ation ie tion ted
					_							
										_	<u>. </u>	
									<u>.</u>	_		
			_			_						<u>, </u>
			_	_	_	_						
1b Sub-total									······································			
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A											
 2 Total number of individuals (including but r compensation from the organization 	not limited to th	ose li	ste	d ab	ove)) wh	io re	eceived more than \$100	,000 of reportable			
			_								Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		istee,	key	/ em	ploy	/ee, 		nighest compensated er	nployee on	3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,"	" com	nple	te S	ched	dule	J fo	or such individual	-	4		x
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr							elate	ed organization or individ	dual for services	5		x
Section B. Independent Contractors											·	
 Complete this table for your five highest co the organization. Report compensation for 	•	•							•	insation fr	rom	
(A)	ino outoriour y	501 01	10	<u>g</u>				(B)		(C)	
Name and business	address	NO	NE		<u> </u>		_	Description of se	ervices	Comper		n
							-			·		
	<u> </u>						+					
							+					
							+					
2 Total number of independent contractors (i	ncluding but n	ot lım	ited	l to t	thos	e lıs	ted	above) who received m	ore than			

\$100,000 of compensation from the organization

Form 990 (2016)

632008 11-11-16

Form	- 000			MEDIA, INC		OITATION	13-260	8326 Page 9
	rt VI		nue		GAUAD BALD		2000	
		Check if Schedule O con		or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						1
S S		Membership dues	1b					
fts, r Ar			<u>1c</u>					
ija nila		Related organizations	1 <u>d</u>					1
Sir		Government grants (contribut						
utic	t	All other contributions, gifts, gran		EOC 070	i			
Qt		similar amounts not included abo	<u></u>	586,978.				1
pu	g	Noncash contributions included in lines	s 1a-1f \$		F96 079			
0 e	<u>n</u>	Total. Add lines 1a-1f			586,978.	└ ├		
~	0.0			Business Code		:		
Program Service Revenue	2 a							<u> </u>
Ser	b							
n S	c							+
gra Re	d	<u></u>	_ 	<u>├</u> ────┼				<u> </u>
Pro	e	All other program service reve		}+	—— <u> </u>			+
- }		Total. Add lines 2a-2f	enue					
	<u>q</u> 3	Investment income (including	dividende inter	·····				<u> </u>
	3	other similar amounts)			482.			482.
	4	Income from investment of ta	x-exempt bond r					
	5	Royalties	vevenihr poud t					<u>+</u>
	5	noyanies	(i) Real	(ii) Personal				<u>+</u>
	6 2	Gross rents	<u>IV neal</u>					
	0 a 5	Less: rental expenses		}				1
	0	Rental income or (loss)		<u> </u>				
}		Net rental income or (loss)	-5	►		ł		
		Gross amount from sales of	(i) Securities	(II) Other				
ļ	7 4	assets other than inventory	9,943.					
	h	Less: cost or other basis						
	-	and sales expenses	10,119.					
}	c	Gain or (loss)	<176.					
}		Net gain or (loss)			<176.	> <176.	•	
		Gross income from fundraising	a events (not	[
Other Revenue		including \$		{ }				2
eve		contributions reported on line						
Ľ.		-	, a					
the	ь	Less. direct expenses	b					ļ
0	с	Net income or (loss) from fund	draising events					
		Gross income from gaming ac						
1		Part IV, line 19	a					}
	b	Less direct expenses	. b		[•
	с	Net income or (loss) from gam	ung activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	. а					
1	ь	Less. cost of goods sold	. Ь					
Ł	C	Net income or (loss) from sale	s of inventory					
ł		Miscellaneous Revenu	e	Business Code				
{	11 a							
	b			<u> </u>				ļ
	с	<u></u>	<u>_</u>	l				ļ
	d	All other revenue		L				ļ
1	-	Total. Add lines 11a-11d		. ►				
	12	Total revenue. See instructions.			587,284.	<176.>	0.	
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10 2016.02020 MORALITY IN MEDIA, INC DBA

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MORALITY IN MEDIA, INC DBA NATIONAL CTR ON SEXUAL EXPLOITATION

6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and section 401(k) and 403(b) employer contributions; 8, 405. 9, 400. 400.	Pa	rt IX Statement of Functional Expens	es			
De not inducts amounts reported on lines ED, R.S. B.S. and 100 of Part VII. Total expenses Program Service properties Manual (3) provides Fund (3) provides <	Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	· · · · · · · · · · · · · · · · · · ·
AP, 40, 40, 40, 40, 40, 40, 40, 40, 40, 40		Check if Schedule O contains a respor		this Part IX		
and domests Quernments. See Part IV, Im 21 2 Grants and other assistance to domestic mdividuals. See Part IV, Ime 22				(B) Program service expenses	Management and	(D) Fundraising expenses
2 Grants and other assutance to domestic individuals. See Part IV, here 15 and 16 andividuals. See Part IV, here 15 and 16 densities. See Part IV, here 15 densities. See Part IV, here 15 densities. See Part IV, here 15 densities. See Part IV, here 17 densities. See Part IV, here 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 densities. See Part 12 dens 11, 034. 30 dens 11, 034. 30 densities. See Part	1	Grants and other assistance to domestic organizations	}			
individuals. See Part IV, Ime 22 individuals. See Part IV, Ime 22 3 Grants and other assultance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Imes 15 and 16 individuals. Benefits paid to or for members individuals. Scompensation of current officers, directors, trustese, and key employees 6 Compensation of current officers, directors, trustese, and key employees individuals. individuals. 7 Other satismes and vages individuals. 8, 405. 8, 405. 9 Other memory family employee contributions; in Payrot taxes 21, 805. 21, 805. 21, 805. 9 Other officients 21, 805. 21, 805. 24, 454. 1 Cobsynd 2, 454. 2, 454. - 1 Cobsynd individuals. 3, 300. 3, 300. 3, 300. 12 Advertage and promotion 3, 300. 3, 300. 3, 300. - 1 Information technology 52, 346. - - 10 Payrents to tarillations, and meetings - - - 10 Cobsenses, conventions, and meetings - - - - 10 Cobce expenses - -		and domestic governments. See Part IV, line 21				
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Form 990 (2016)

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Form 990 (2016)

<u>13-2608326</u> Page 10

DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 Page 11

Form 990 (2016)	
Part X	Balance	S

Pa	rt X	Balance Sheet		<u> </u>	
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · ·	·	
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,146.	1	25,706.
	2	Savings and temporary cash investments	642.	2	137.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
Assets		employers and sponsoring organizations of section 501(c)(9) voluntary			
	-	employees' beneficiary organizations (see instr). Complete Part II of Sch L	<u> </u>	6	<u> </u>
Ass		Notes and loans receivable, net		7 8	
	8	Prepaid expenses and deferred charges	950.		0.
	-	Land, buildings, and equipment. cost or other		- <u> </u>	<u></u>
~	10a	basis. Complete Part VI of Schedule D <u>16,809</u> .		ļ	
	h	Less. accumulated depreciation 10b 5, 249.	4,799.	10c	11,560.
	11	investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,190.		8,190.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,727.	16	45,593.
	17	Accounts payable and accrued expenses	29,775.	17	19,869.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	······································	21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
I	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	7,141.	25	1,783.
	26	Total liabilities. Add lines 17 through 25	36,916.	26	21,652.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	<15,189.	>27	23,941.
Bal	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets		29	
L.		Organizations that do not follow SFAS 117 (ASC 958), check here			
Sor		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	15 100	32	02.041
-	33	Total net assets or fund balances	<15,189.		23,941.
	34	Total liabilities and net assets/fund balances	<u>21,727.</u>	34	45,593.

Form 990 (2016)

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	MORALITY IN MEDIA, INC				
Forn	n 990 (2016) DBA NATIONAL CTR ON SEXUAL EXPLOITATION	<u>13-26</u>	08326	Pa	ge <u>12</u>
Pa	rt XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
			-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58	7,2	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	8,1	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	9,1	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<1	5,1	89.>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	<u>3,9</u>	<u>41.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>.</u>	
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•	<u>2b</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	•	<u>3a</u>	——	<u> X </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2016)

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SCHEDULE A. (Form 990 or 990-EZ)	OMB No 1545-0047 2016 Open to Public					
	Information about Schedule A		its instructions is	at www.irs.gov/fo		Inspection
Name of the organization	MORALITY IN ME	•				identification number
	DBA NATIONAL C				1 1	<u>3-2608326</u>
Part I Reason for F	Public Charity Status (All organizations must c	omplete this part) See instruction	S	
 2 A school described 3 A hospital or a cood 4 A medical research city, and state 5 An organization op section 170(b)(1) 	the foundation because it is, ion of churches, or association d in section 170(b)(1)(A)(ii). (operative hospital service orgonorganization operated in con- perated for the benefit of a co (A)(iv). (Complete Part II.) local government or go	on of churches describe Attach Schedule E (Forr anization described in si njunction with a hospita	d in section 170 n 990 or 990-EZ) ection 170(b)(1)(I described in se d or operated by	(b)(1)(A)(i).) A)(iii). ction 170(b)(1)(A a governmental		
	at normally receives a substa				the general	nublic described in
	A)(vi). (Complete Part II)	and part of its support	a governine		ane general	paolio accontra in
	described in section 170(b)	(1)(A)(vi), (Complete Par	t II.)			
	earch organization described			onjunction with a	land-grant	college
-	on-land-grant college of agric				-	•
· · · · · · · · · · · · · · · · · · ·	at normally receives (1) more	than 33 1/3% of its sur	port from contril	outions, member	ship fees, a	nd aross receipts from
activities related to income and unrela See section 509(a	its exempt functions - subje ted business taxable income)(2). (Complete Part III.)	ct to certain exceptions, (less section 511 tax) fr	and (2) no more om businesses a	than 33 1/3% of cquired by the o	its support	from gross investment
11 An organization org	ganized and operated exclus	ively to test for public sa	ifety See sectio	n 509(a)(4).		
12 An organization org	ganized and operated exclus	ively for the benefit of, to	perform the fun	ctions of, or to c	arry out the	purposes of one or
more publicly supp	orted organizations describe	ed in section 509(a)(1) o	r section 509(a)	(2) See section	5 09(a)(3). C	heck the box in
lines 12a through 1	2d that describes the type of	of supporting organizatio	n and complete l	ines 12e, 12f, an	d 12g.	
a Type I. A suppor	ting organization operated, s	upervised, or controlled	by its supported	organization(s),	typically by	giving
the supported or	ganization(s) the power to re	gularly appoint or elect a	a majority of the o	directors or trust	es of the s	upporting
organization You	u must complete Part IV, Se	ections A and B.				
b Type II. A suppo	rting organization supervised	l or controlled in connec	tion with its supp	orted organization	on(s), by ha	ving
control or manag	ement of the supporting org	anization vested in the s	ame persons tha	t control or mana	age the sup	ported
-	ou must complete Part IV,		·		• •	
	ally integrated. A supportin		in connection wi	th. and functiona	llv integrate	d with.
	anization(s) (see instructions				,	
	ctionally integrated. A supp	-		· ·	rted organi	zation(s)
••	onally integrated The organiz				-	
	instructions) You must con		-			
	the organization received a				II. Type III	
	rated, or Type III non-functio				, . ,	
f Enter the number of sup	• •		5-15			
-	ormation about the supporte	d organization(s).		•	• •	L
(I) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization lis in your governing docume	ted (v) Amount o	monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes No	eupport (coo "	nstructions)	support (see instructions)
					-	
Total						
LHA For Paperwork Reduction	on Act Notice, see the Instr	uctions for Form 990 o	r 990-EZ. 832021	09-21-18 Sche	dule A (For	m 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	4					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				[
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				·		
5	The portion of total contributions			Ì			
	by each person (other than a		ĺ				
	governmental unit or publicly		1				
	supported organization) included			ł			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	l 					
	Public support. Subtract line 5 from line 4		·			<u> </u>	
Sec	ction B. Total Support		·····		·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		<u> </u>				- <u></u>
8	Gross income from interest,				i		
	dividends, payments received on					r i	
	securities loans, rents, royalties						
	and income from similar sources			 			
9	Net income from unrelated business	1					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				(
	or loss from the sale of capital				}		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	L		_	L	l	
12	•	-		· ·		12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	·
Sec	organization, check this box and stor tion C. Computation of Publ	<u>ic Support Pe</u>	rcentage		<u> </u>		P []
	Public support percentage for 2016 (I			olumn (fl)		14	%
	Public support percentage from 2015	•••	•			15	%
	33 1/3% support test - 2016. If the c		· ·	n line 13. and line	 14 is 33 1/3% or n		
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2015. If the c				l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17	b, check this box a	ind see instructions	
					Sche	edule A (Form 990	or 990-EZ) 2016

632022 09-21-16

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Schedule A (Form 990 or 990 EZ) 2016 DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 Page 3 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.)

Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	1	1			1	
	membership fees received. (Do not						
	include any "unusual grants.")	821,228.	811,812.	984,763.	1,076,472.	585,839.	4,280,114,
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						<u> </u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	821,228.	811,812.	984,763.	1,076,472.	585,839.	4,280,114,
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						4,280,114,
	ction B. Total Support					<u>_</u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	821,228.	811,812.	984,763.	1,076,472.	585,839.	4,280,114.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,364.		461.	932.	1,445.	24,202.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b	21,364.		461.	932.	1,445.	24,202.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	842,592.		985,224.	1,077,404.	587,284.	4,304,316.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here						▶
	tion C. Computation of Publi						
-	Public support percentage for 2016 (li		•	olumn (f))		15	99.44 %
	Public support percentage from 2015					16	<u>99.48 %</u>
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))			.56 %
	Investment income percentage from 2					18	.52 %
19a	33 1/3% support tests - 2016. If the	-		-			
-	more than 33 1/3%, check this box ar	-	-				. ► X
b	33 1/3% support tests - 2015. If the	-		-			
~~	line 18 is not more than 33 1/3%, che			•		U	
	Private foundation. If the organizatio	n ulu not check a l	<u>00x 011 line 14, 198</u>	i, or iso, check this			
63202	3 09-21-16			1.0	Sche	dule A (Form 990	or 990-≞∡) 2016

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16 2016.02020 MORALITY IN MEDIA, INC DBA

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Schedule A (Form 990 or 990 EZ) 2016 DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authonizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

632024 09-21-16

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17 2016.02020 MORALITY IN MEDIA, INC DBA 56015 1

Schedule A (Form 990 or 990-EZ) 2016

Yes

1

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3a

Зb

3c

4a

4b

4c

5a

5b

5c

6

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8

9a

9Ь

9c

10a

10b

No

Schedule A (Form 990 or 990-EZ) 2016 DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. З Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. ь The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations Answer (a) and (b) below. 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? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b Schedule A (Form 990 or 990-EZ) 2016

632025 09-21-16

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18 2016.02020 MORALITY IN MEDIA, INC DBA 56015 1

	edule A (Form 990 or 990 EZ) 2016 DBA_NATIONAL_CTR_ON_SEX			L3-2608326 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) Sea instructions All
٩	other Type III non-functionally integrated supporting organizations must co			Fait W/ See insuluctions. Al
Sect	tion 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		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			•
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	- 3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	_6		
_7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2016

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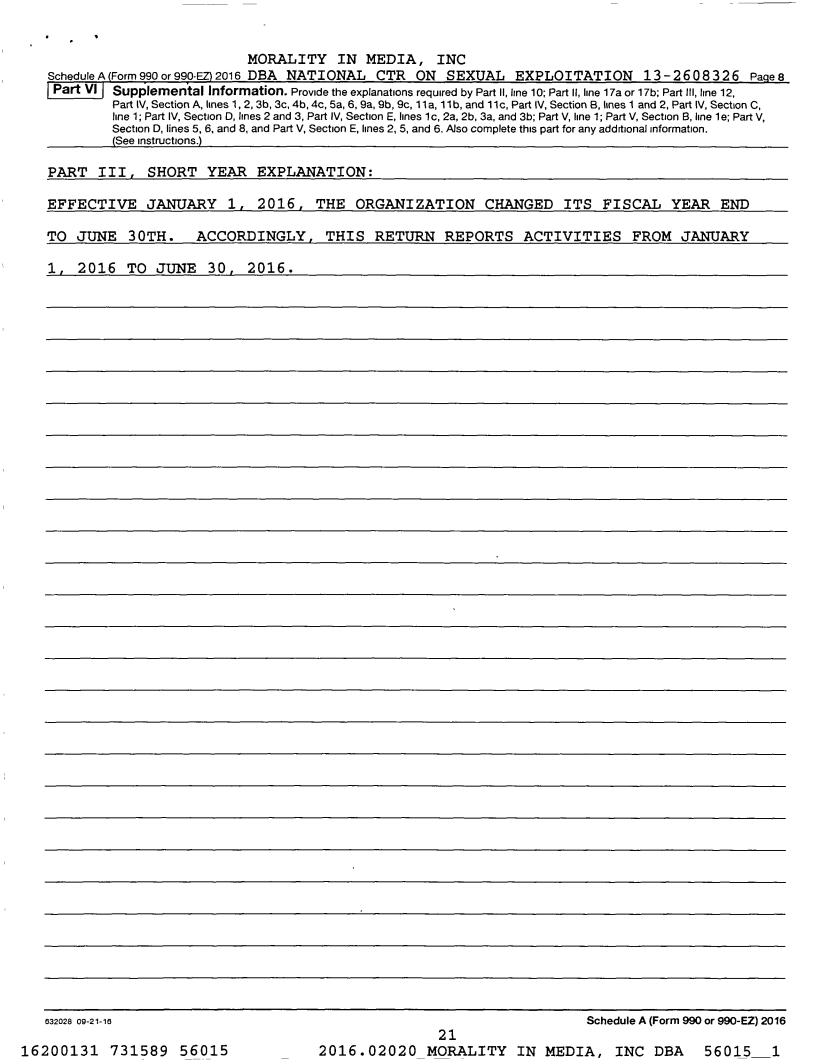
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	edule A (Form 990 or 990 EZ) 2016 DBA NATIONAL rt V Type III Non-Functionally Integrated 509	CTR ON SEXUAL (a)(3) Supporting Orga	EXPLOITATION 1 anizations (continued)	3-2608326 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			<u> </u>
	organizations, in excess of income from activity			1
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	······································	· <u></u>	<u> </u>
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
- / 8	Distributions to attentive supported organizations to which t			
0	(provide details in Part VI) See instructions	ne organization is responsive	,	
	Distributable amount for 2016 from Section C, line 6			
9				
_10	Line 8 amount divided by Line 9 amount	(1)		(
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2016 (reason-			
~	able cause required- explain in Part VI) See instructions)
3	Excess distributions carryover, if any, to 2016.			
		······		
<u>a</u>				· · · · · · · · · · · · · · · · · · ·
b	From 2012			
_	From 2013			<u> </u>
	From 2014			
	From 2015			· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e		······································	
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i				
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		· · · · · ·	
4	Distributions for 2016 from Section D,			
	line 7 [.] \$			
	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			·
C	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			·
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7			
a				
	Excess from 2013			
	Excess from 2014			<u> </u>
	Excess from 2015			<u></u>
	Excess from 2016			<u></u>
				L

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16



SCHEDULE C	P	olitical Campaign	and Lobby	na Activitie	s	OMB No 1545-0047
(Form 990 or 990-EZ)			_	-		2016
		ganizations Exempt From Inco te if the organization is describ				2010
Department of the Treasury Internal Revenue Service		about Schedule C (Form 990 or 990				Open to Public Inspection
-		n Form 990, Part IV, line 3, or F		ine 46 (Political Can	ipaign Acti	vities), then
		mplete Parts I-A and B Do not co	•			
		01(c)(3)) organizations Complete	e Parts I-A and C belov	v Do not complete P	art I-B.	
 Section 527 organiza 						
		n Form 990, Part IV, line 4, or F				
		have filed Form 5768 (election u			-	
		have NOT filed Form 5768 (elec		• • •		•
Tax) (see separate instr		n Form 990, Part IV, line 5 (Pro	xy Tax) (see separate	instructions) or For	m 990-EZ, I	Part V, line 35¢ (Proxy
		tions. Complete Part III				
Name of organization		Y IN MEDIA, INC	· · · · · · · · · · · · · · · · · · ·		Employer	identification number
		IONAL CTR ON SEX	UAL EXPLOIT	ATION	1	3-2608326
Part I-A Comple		ganization is exempt und				
<u> </u>						
1 Provide a descriptio	n of the organi	zation's direct and indirect politic	al campaign activities	ın Part IV.		
2 Political campaign a	ctivity expendi	tures			▶\$	
3 Volunteer hours for	political campa	ign activities				
Part I-B Comple	te if the org	ganization is exempt und	ler section 501(c)	(3).		·
 Enter the amount of 	any excise tax	incurred by the organization und	der section 4955		▶ \$	
2 Enter the amount of	any excise tax	incurred by organization manag	ers under section 4955	5	▶\$	
•		on 4955 tax, did it file Form 4720	for this year?	· ·		
4a Was a correction ma	•		· · · ·		•	Yes No
b If "Yes," describe in					- <u> </u>	<u></u>
· · · · · · · · · · · · · · · · · · ·		ganization is exempt und		· · · · · · · · · · · · · · · · · · ·)
	-	d by the filing organization for se			▶\$	
		ization's funds contributed to ot	her organizations for se	ection 527	•	
exempt function act	•			•	▶\$	
•	on expenditures	s Add lines 1 and 2. Enter here a	ind on Form 1120-POL	•		
line 17b					▶\$	
		1120-POL for this year?	N) of all as short 507 as		م ال الم الم	
		nployer identification number (El ition listed, enter the amount pai		-		
		omptly and directly delivered to				
		additional space is needed, prov				g. cg. cc c c
(a) Name		(b) Address	(c) EIN	(d) Amount paid	from (e) Amount of political
(u) Humo			(0) 2	filing organizatio	•	tributions received and
				funds. If none, en		promptly and directly
				ĺ		elivered to a separate
						lf none, enter -0
<u> </u>						
	_					·
		L		<u> </u>		
For Danarwork Reduction	n Act Notice	see the Instructions for Form 9	200 or 000_F7	Caba	dula C /Ear	m 000 or 000-E7) 2016

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

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990 EZ) 2016 Part II-A Complete if the org	MORALITY IN DBA NATIONAI Janization is exem	L CTR ON SE	XUAL EXPLOI	<u>TATION 13-2</u> ed Form 5768 (el	608326 Page 2 ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organiza	tion belongs to an affilia	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying e	xpenditures).			
B Check 🕨 🛄 if the filing organiza	tion checked box A and	d "limited control" pro	visions apply		r
	ts on Lobbying Expend ditures" means amoun			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (gi	rass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative body	/ (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)			0.	
d Other exempt purpose expenditure	es .			<u>542,271.</u>	
e Total exempt purpose expenditure				<u>542,271.</u>	
f Lobbying nontaxable amount. Ente		following table in both	n columns.	106,341.	
If the amount on line 1e, column (a) o	r (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000		ne amount on line 1e.			
Over \$500,000 but not over \$1,000		plus 15% of the exce			1
Over \$1,000,000 but not over \$1,5		plus 10% of the exce			
Over \$1,500,000 but not over \$17,		plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,00	00			
g Grassroots nontaxable amount (en		· · · ·	•	26,585.	
 h Subtract line 1g from line 1a If zero i Subtract line 1f from line 1c If zero 		• • •		0.	
j If there is an amount other than zero		1. did the organiza	tion file Form 4720	Ų.	
reporting section 4911 tax for this		ie n, did the organiza		٢	Yes No
		aging Period Under	section 501(h)		
(Some organizations the	nat made a section 50 ⁻		have to complete all o	of the five columns b	elow.
		litures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Totai
2a Lobbying nontaxable amount	143,999.	160,322.	199,333.	106,341.	609,995.
b Lobbying ceiling amount					
(150% of line 2a, column(e))				······	914,993.
c Total lobbying expenditures		•			
d Grassroots nontaxable amount	36,000.	40,081.	49,833.	26,585.	152,499.
e Grassroots ceiling amount				20,000.	
(150% of line 2d, column (e))					228,749.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016 DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter 	י <u>ו</u>	(a	·	(I	b)
		Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter	r				
	r				
or referendum, through the use of	1				
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c throu	ugh 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?	[
e Publications, or published or broadcast statements?	. [
f Grants to other organizations for lobbying purposes?	[
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mean	is?				
i Other activities?	[
j Total. Add lines 1c through 1i	[
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3))? [
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4	1912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c 501(c)(6).)(4), sectio	n 501(c)	5), or se	ction	
			T	Yes	No
Were substantially all (90% or more) dues received nondeductible by members?					
	· ·		1		
 Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expendit 					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are a answered "Yes."	answered '	'No," OF	(b) Part	III-A, lir	ne 3, i
1 Dues, assessments and similar amounts from members					
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amound am	ints of politica	al			
expenses for which the section 527(f) tax was paid).					
a Current year			2a	<u></u>	
b Carryover from last year	•		<u>2b</u>		
			2c		
c Total	2(e) dues		3		
c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16	on of the even	SS			
	ou or the exce		1 1		
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portudoes the organization agree to carryover to the reasonable estimate of nondeductible lol 		litical			
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portudees the organization agree to carryover to the reasonable estimate of nondeductible lol expenditure next year? 		litical	. 4		<u> </u>
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portudees the organization agree to carryover to the reasonable estimate of nondeductible lol 		litical	4		<u> </u>

Schedule C (Form 990 or 990-EZ) 2016

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~~		0			1	OMB No 1545-0047
			al Financial Sta			2016
(For	m 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes' , 11a, 11b, 11c, 11d, 11e,	" on ⊦orm 990, 11f, 12a. or 12b.		
	tment of the Treasury		Attach to Form 990.			Open to Public Inspection
	al Revenue Service	 Information about Schedule D (Fo on MORALITY IN MEDIA, 		IS IS AL WWW.#S.govi		identification number
Nan		DBA NATIONAL CTR O		ΟΤΨΑΨΤΟΝ		3-2608326
Pa	rt I Organiza	ations Maintaining Donor Advise				
L	~	n answered "Yes" on Form 990, Part IV, Iır				· · · · · · · · · · · · · · · · · · ·
			(a) Donor advised t	funds (b) Funds and	d other accounts
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				<u> </u>
4	Aggregate value a	tend of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held	in donor advised fun	ds	
	•	n's property, subject to the organization's	•			Yes No
6	-	on inform all grantees, donors, and donor a	v v		•	
		oses and not for the benefit of the donor of	r donor advisor, or for any	other purpose confer	ring	
Pa	impermissible priva	ate benefit? ation Easements. Complete if the org			1 7	Yes No
				on Form 990, Part IV,	line 7.	
[,] 1		servation easements held by the organization			umpertent le	nd
		of land for public use (e.g., recreation or e f natural habitat	·	vation of a historically vation of a certified his	•	
		of open space	L Preserv	valion of a certified his	Stone Struct	ne
2		through 2d if the organization held a quali	ind conservation contribut	on in the form of a co	nonation o	accornent on the last
2	day of the tax year					it the End of the Tax Year
а		nservation easements			2a	IL LIE LIE VI LIE TAX TEAL
b		icted by conservation easements	• •	• • • •	2b	
c	-	vation easements on a certified historic str	ucture included in (a)		2c	
d		vation easements included in (c) acquired	• • •	historic structure		·
	listed in the Nation				2d	
3	Number of conserv	vation easements modified, transferred, re	eased, extinguished, or ter	minated by the organ	ization durin	g the tax
	year 🕨			-		-
4	Number of states v	where property subject to conservation eas	sement is located 🕨			
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection	n, handling of		
	violations, and enfo	preement of the conservation easements r	holds?	<i>.</i> .		L Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservation	on easement	s during the year
7		es incurred in monitoring, inspecting, hand	ling of violations, and enfoi	rcing conservation ea	sements dur	ing the year
•	►\$					
8		vation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)(1)	
9	and section 170(h)	e how the organization reports conservation	· · · · · · · · · · · ·	· · · ·	ont and ha	
9		le, the text of the footnote to the organization		•		
	conservation easer		ion s interioral statements t	that describes the org		counting for
Par		tions Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar As	sets.
L	- <u> </u>	the organization answered "Yes" on Form	•	•		
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its i	revenue statement an	d balance sh	neet works of art.
		, or other similar assets held for public exh				
		note to its financial statements that descri				•
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its reve	nue statement and ba	alance sheet	works of art, historical
	treasures, or other	similar assets held for public exhibition, ed	lucation, or research in furt	herance of public ser	vice, provide	the following amounts
	relating to these ite	ems.				
	(i) Revenue includ	led on Form 990, Part VIII, line 1			▶ \$	<u> </u>
	(ii) Assets include	d in Form 990, Part X		· ·	▶ \$	
2	If the organization i	received or held works of art, historical trea	asures, or other similar asse	ets for financial gain, p	orovide	
	•	nts required to be reported under SFAS 1	16 (ASC 958) relating to the	ese items:		
а			• • • • • •	-	▶ \$	
	Assets included in				<u> </u>	
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.		Sched	ule D (Form 990) 2016
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Sche		IONAL CTR			EXPLOI	TATI	ON	1	3-2	50832	26 F	Page 2
	t III Organizations Maintaining (
3	Using the organization's acquisition, access											
•	(check all that apply):	,	,	,	, sie ing ing		- 0			•••••		
а	Public exhibition	c	1 []	Loan or exc	change progra	ams						
b	Scholarly research	é		Other	3- F - 5							
c	Preservation for future generations											
_	Provide a description of the organization's c	ollections and explain	n how ti	hev further t	the organizati	on's exe	empt	ourpo	se in Pa	rt XIII.		
	During the year, did the organization solicit of			-	-		-					
	to be sold to raise funds rather than to be m				-				Ľ	Yes		
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" of	n Foi	m 990,	Part IV	, line 9, c	or –	
	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contributio	ns or other as	sets no	t inc	uded				
	on Form 990, Part X?		-							Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:		-						
							- {			Amour	nt	
с	Beginning balance						. [1c			_	
d	Additions during the year	· ··· · ·					. [1d				
е	Distributions during the year						. [1e				
f	Ending balance						. [1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liab	ılıty?	,		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.]
Parl	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fe	orm 990, Part	IV, line	10.					
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d)	Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance				L					\square		
b	Contributions											
с	Net investment earnings, gains, and losses				L							
d	Grants or scholarships											
е	Other expenditures for facilities				Į	ĺ						
	and programs											
f -	Administrative expenses											
g	End of year balance				ļ			<u>.</u>				
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1	g, column (a	a)) held as [.]							
а	Board designated or quasi-endowment 🕨		_%									
b	Permanent endowment 🕨	%										
c	Temporarily restricted endowment 🕨	%										
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a /	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administe	red for t	he o	rganıza	tion			
l	by										Yes	No
((i) unrelated organizations									<u> </u>		<u> </u>
((ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?						Зb		<u> </u>
4 Part	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	funds				···				
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a S	See Form 990	, Part X	, line	10.				
	Description of property	(a) Cost or o basis (investr		•••	or other (other)	• •		nulated		(d) Boo	k valu	e
1a	Land											
b	Buildings											
c	Leasehold improvements											
	Equipment											
	Other			1	6,809.		ļ	5,24	9.	1	1,5	60.
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colun</u>	nn (B), line 1	(Oc)					1	1,5	60.
								S	chedul	D (Forr	n 990) 2016

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Schedule D (Form 990) 2016	DBA	NATIONAL	CTR	ON	SEXUAL	EXPLOITATION	<u>13-2608326</u>	Page 3
Part VII Investments -	Other Se	ecurities.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	8,190.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶ 8,190.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	910.
(3)	VACATION PAYABLE	873.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)	▶ 1,783.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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632053 08-29-16

33 2016.02020 MORALITY IN MEDIA INC DBA 56015

	MORALITY IN MEDIA, INC edule D (Form 990) 2016 DBA NATIONAL CTR ON SEXUAL EXPLOITATION	<u>13-2608326 Page 4</u>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
2 a	Net unrealized gains (losses) on investments	
a b	Donated services and use of facilities	4 (
0	Recovenes of prior year grants 2c	4 (
d	Other (Describe in Part XIII)	-
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
٠ م	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
- -	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.
<u>ـــــ</u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
с	Other losses 2c	-
d	Other (Describe in Part XIII.)] [
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	-
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
b	Other (Describe in Part XIII.)	-
c	Add lines 4a and 4b	40
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Par	t 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.

632054 08-29-16

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OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on h (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection MORALITY IN MEDIA, INC Name of the organization Employer identification number DBA NATIONAL CTR ON SEXUAL EXPLOITATION 13-2608326 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE PUBLIC HEALTH CRISIS OF PORNOGRAPHY AND EXPOSING THE LINKS BETWEEN ALL FORMS OF SEXUAL EXPLOITATION. NCOSE EMBRACES A MISSION TO DEFEND HUMAN DIGNITY AND TO ADVOCATE FOR THE UNIVERSAL RIGHT OF SEXUAL JUSTICE, WHICH IS FREEDOM FROM SEXUAL EXPLOITATION, OBJECTIFICATION, AND VIOLENCE. TO THIS END, NCOSE OPERATES ON THE CUTTING EDGE OF POLICY ACTIVISM TO COMBAT CORPORATE AND GOVERNMENT POLICIES THAT FOSTER EXPLOITATION, TO ADVANCE PUBLIC EDUCATION AND EMPOWERMENT, AND TO FOSTER UNITED ACTION THROUGH LEADING THE INTERNATIONAL COALITION TO END SEXUAL EXPLOITATION.

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

ADVOCATE FOR THE UNIVERSAL RIGHT OF SEXUAL JUSTICE, WHICH IS FREEDOM

FROM SEXUAL EXPLOITATION, OBJECTIFICATION, AND VIOLENCE. TO THIS END,

NCOSE OPERATES ON THE CUTTING EDGE OF POLICY ACTIVISM TO COMBAT

CORPORATE AND GOVERNMENT POLICIES THAT FOSTER EXPLOITATION, TO ADVANCE

PUBLIC EDUCATION AND EMPOWERMENT, AND TO FOSTER UNITED ACTION THROUGH

LEADING THE INTERNATIONAL COALITION TO END SEXUAL EXPLOITATION.

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

FACILITATE GREATER SHARING OF RESOURCES AND COLLABORATION. WITH

PARTNERSHIP AND COMMUNICATION, NCOSE IS LEADING THE MOVEMENT TO EXPOSE

THE REALITIES OF PORNOGRAPHY AND TO END SEXUAL EXPLOITATION,

OBJECTIFICATION, AND VIOLENCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990 or 990-EZ) (2016)

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16200131 731589 56015

632211 08-25-16

35 2016.02020 MORALITY IN MEDIA, INC DBA 56015

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization MORALITY IN MEDIA, INC DBA NATIONAL CTR ON SEXUAL EXPLOITATION	Employer identification number 13-2608326
WAR ON ILLEGAL PORNOGRAPHY - EFFORTS TO GET FEDERAL AND S	TATE OBSCENITY
LAWS ENFORCED. WE MEET WITH OPINION MAKERS, ELECTED OFFI	CIALS AND
COMMUNITY LEADERS TO EDUCATE THEM ON EXISTING LAWS AND TO	OLS TO CURB
THE PORNOGRAPHY PANDEMIC. ALSO MOBILIZE GRASSROOTS INDIV	IDUALS IN
ADVOCACY CAMPAIGN TO OPPOSE PORNOGRAPHY IN PUBLIC AND ALE	RT OPINION
MAKERS, ELECTED OFFICERS AND COMMUNITY LEADERS TO THE EXI	STING LAWS.
EXPENSES \$ 22,452. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
LIVE ONLINE CONFERENCES ON THE HARMS OF PORNOGRAPHY, SAFE	SCHOOLS AND
LIBRARIES, LEGAL RESEARCH, END EXPLOITATION ACTION CENTER	, DIRTY DOZEN

LIST, PORNOGRAPHY: A PUBLIC HEALTH CRISIS, STOP TRAFFICKING DEMAND AND

PROSTITUTION HARMS: BRIGHT LIGHT ON THE RED LIGHT.

EXPENSES \$ 159,811. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE PRESIDENT REVIEWS AND SIGNS THE 990. THE BOARD OF DIRECTORS IS GIVEN A COPY OF THE 990 AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15B:

ANNUALLY THE BOARD CONDUCTS A REVIEW OF THE PRESIDENT AND EXECUTIVE

DIRECTOR'S PERFORMANCE AND COMPENSATION, USING VARIOUS SOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,KY,MD,MA,ME,MI,MS,MN,NH,NJ,NY,NC,OR,PA RI,SC,TN,UT,VA,WA,WV,WI,DE,MO,NM,ND

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023, 990 AVAILABLE ON THE WEBSITE AND UPON 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 36

16200131 731589 56015

2016.02020 MORALITY IN MEDIA, INC DBA 56015

Name of the organization						Employer ide		Page number
	DBA NATION	AL_CTR ON SE	XUAL EXPL	OITAT:	ION	13-26	08326	<u></u>
REQUESTS WILL	PROVIDE A	COPY WHEN TH	EY VISIT.		<u> </u>			
FORM 990, PART	T VI. SECTI	ON C. LINE 1	9:					
THE ORGANIZAT								OLIC
AND FINANCIAL	STATEMENTS	AVAILABLE O	N REQUEST	WILL	PROVIDE	A COPY	WHEN	THE
VISIT.							<u>_</u>	.
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