## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

ΑI	For the 2	015 calendar year, or tax year beginning $$ OCT $1$ , $$ $2015$ $$ and ending	<u>, S</u> EP 30, 2016	)				
B	Check if applicable:	C Name of organization SEXUALITY INFORMATION AND EDUCATION	D Employer identif	ication number				
	Address change	COUNCIL OF THE UNITED STATES, INC.						
	Name change	Doing business as SIECUS	13-2	2508249				
	Initial return Final return/	er -265-2405						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	775,840.				
Ļ	Amended return	WASHINGTON, DC 20005	H(a) Is this a group					
L	Applica- tion pending	F Name and address of principal officer: CHITRA PANJABI SAME AS C ABOVE	for subordinate <b>H(b)</b> Are all subordinates					
_	Tay ayam	pt status: X 501(c)(3)	<del></del>	a list. (see instructions)				
		► WWW.SIECUS.ORG	H(c) Group exempti	,				
		·		M State of legal domicile: DE				
		Summary	rear or formation. 230 2	W State of legal dofficite. DE				
_		iefly describe the organization's mission or most significant activities: SEE SCHE	DULE O					
Governance	'	iony describe the organization's mission of most significant activities.						
ž	2 Cr	neck this box  if the organization discontinued its operations or disposed of	more than 25% of its net a					
Š	3 Nu	umber of voting members of the governing body (Part VI, line 1a)	3	14				
জ	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)	4	14				
Activities &	<b>5</b> To	tal number of individuals employed in calendar year 2015 (Part V, line 2a)	5	6				
Ϋ́	<b>6</b> To	tal number of volunteers (estimate if necessary)	6	20				
<b>₹</b>	<b>7 a</b> To	tal unrelated business revenue from Part VIII, column (C), line 12	7a					
_	<b>b</b> Ne	et unrelated business taxable income from Form 990-T, line 34	7b	0.				
			Prior Year	Current Year				
Revenue	<b>8</b> Co	ontributions and grants (Part VIII, line 1h)	502,809					
	<b>9</b> Pr	ogram service revenue (Part VIII, line 2g)	7,500					
ě		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,488					
ш	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,884					
	<b>12</b> To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	523,681	748,244.				
	<b>13</b> Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.					
	<b>14</b> Be	enefits paid to or for members (Part IX, column (A), line 4)	0 .					
S	<b>15</b> Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	471,812	207,680.				
Expenses	<b>16a</b> Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0 .	0.				
xbe	<b>b</b> To	tal fundraising expenses (Part IX, column (D), line 25)   24,668.						
Ш	<b>17</b> Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	382,036					
	<b>18</b> To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	853,848					
	<b>19</b> Re	evenue less expenses. Subtract line 18 from line 12	-330,167	295,297.				
or			Beginning of Current Year	End of Year				
sets	<b>20</b> To	tal assets (Part X, line 16)	243,708					
t As	<b>21</b> To	tal liabilities (Part X, line 26)	38,066					
Net Assets or Fund Balances	<b>22</b> Ne	et assets or fund balances. Subtract line 21 from line 20	205,642	498,703.				
	art II	Signature Block						
Und	ler penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of r	ny knowledge and belief, it is				
true	, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
Sign Signature of officer Date								
Her	re	CHITRA PANJABI, CEO						
		Type or print name and title						
		rint/Type preparer's name Preparer's signature	Date Check	PTIN				
Pai	d A	ARON SHAPIRO	self-emplo					
Preparer Firm's name ► LOEB & TROPER LLP Firm's EIN ► 13-151756								
Use Only Firm's address 555 THIRD AVENUE, 12TH FLOOR								
_		NEW YORK, NY 10017	Phone no. 21	L2-867-4000				
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEÉ SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
~	
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 84 , 230 • including grants of \$) (Revenue \$ 7 , 500 • )
	SIECUS PROVIDED EDUCATIONAL TRAININGS TO THOUSANDS OF SEXUALITY
	EDUCATORS INFORMED EDUCATORS, PARENTS, YOUNG PEOPLE, SCHOOL COUNSELORS,
	NURSES, AND COMMUNITY SERVICE PROVIDERS THROUGH OUR FACT SHEETS,
	PERIODIC UPDATES, PUBLICATIONS, AND OTHER RESOURCES AND DELIVERED
	SPECIALIZED TECHNICAL ASSISTANCE TO THOSE IN NEED IN STATES AND
	COMMUNITIES, SUCH AS PARENTS SEEKING A GOOD SEXUALITY EDUCATION TO
	RECOMMEND TO THEIR CHILDREN'S SCHOOL OR A TEACHER FIGHTING TO INCLUDE
	THE TOPIC OF SEXUAL ORIENTATION IN THEIR SEXUALITY EDUCATION PROGRAM.
	THE TOTTO OF PENOLE ONLE CONTROL OF THE PENOLE OF THE PENO
	205 040
4b	(Code: ) (Expenses \$ 285,048. including grants of \$ ) (Revenue \$ )
	SIECUS PARTNERED WITH SEVERAL NATIONAL ORGANIZATIONS TO LEAD THE
	MOVEMENT TOWARD FEDERAL FUNDING FOR SEXUALITY EDUCATION PROGRAMS
	(INCLUDING TEEN PREGNANCY PREVENTION AND HIV PREVENTION EDUCATION);
	WORKED WITH PARTNERS ON THE GROUND IN TARGETED STATES TO MOVE
	STATE-LEVEL POLICIES FORWARD TO INSTITUTE, PROTECT, AND/OR EXPAND
	SEXUALITY EDUCATION PROGRAMS; PARTNERED WITH BOTH NATIONAL AND
	STATE-LEVEL ORGANIZATIONS TO PREVENT THE HARM OF FEDERALLY FUNDED
	ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS; AND DELIVERED ADVOCACY
	TRAININGS AND PRODUCED RESOURCES (SUCH AS FACT SHEETS, SPECIAL REPORTS,
	AND POLICY UPDATES) THAT ADVANCE THESE EFFORTS.
4c	(Code:) (Expenses \$
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
_4e	
	Form <b>990</b> (2015)

#### Form 990 (2015) Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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.			
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		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		X
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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	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		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

## SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC.

Form 990 (2015)

## Part IV | Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		Х
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	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,"			Х
	complete Schedule L, Part II	26		Λ
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			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):	200		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		-25
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>-</b>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a6		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
р	If "Yes," enter the name of the foreign country:			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request X Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CHITRA PANJABI - 202-265-2405

Form **990** (2015)

1012 14TH STREET, NW, SUITE 1108, WASHINGTON,

20005

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

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

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

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

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

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

Week (list any hours for related organizations below line)   Week (list any hours for related organizations)   Week (list any hours for related organizations)   Week (list any hours for related organizations)   Week (list any head of granizations)	(E)	(F)
Dours per   Week (list any hours for related organizations for related organizations below line)   A + 00   Board Chair (Left 5/16)   X X X   D + 0   Boar	Reportable	Estimated
(ist any hours for related organizations below line)  (1) ELIZABETH M. CASPARIAN, PH.D. 4.00  BOARD CHAIR (LEFT 5/16)  (2) JUSTIN A. SITRON, PH.D. 2.00  VICE CHAIR  (3) STEPHEN RUSSELL, PH.D. 2.00  BOARD CHAIR (LARG, ED.D. 2.00  SECRETARY  (4) DARREL LANG, ED.D. 2.00  SECRETARY  (5) BARBARA LIBOVE  TREASURER  (6) CLAIRE CAVANAH  DIRECTOR  (7) VIGNETTA CHARLES, PH.D. 2.00  DIRECTOR  (8) RALPH S. CHARTIER  DIRECTOR  (9) KARIN COYLE, PH.D. 2.00  DIRECTOR  (10) LAWRENCE J. D'ANGELO, M.D., M.P. 2.00  DIRECTOR  (11) NADIA LAUREN DOWSHEN, M.D. 2.00  DIRECTOR  (12) LINDA A. HAWKINS, PH.D., L.P.C. 2.00  DIRECTOR  (13) KEELY MONROE  DIRECTOR  (14) DON FLOWERS  X X D. 0.  (W.2/1099-MISC)  W. X X D. 0.  (W.2/1099-MISC)  (W.2/1099-MISC)  W. X X D. 0.  (W.2/1099-MISC)  (W.2/1099-MISC)  W. X X D. 0.  (W.2/1099-MISC)  W. X X X D. 0.  (W. X X X X D. 0.  (W. X X X X X D. 0.  (W. X X X X X X X X X X X X X X X X X X X	compensation	amount of
Columbda	from related	other
Columbda	organizations (W-2/1099-MISC)	compensation from the
Columbda	(** 27 1000 141100)	organization
Columbda		and related
Columbda		organizations
Name		
VICE CHAIR	0.	0.
Columbia	_	_
BOARD CHAIR	0.	0.
(4) DARREL LANG, ED.D.       2.00         SECRETARY       X       X         (5) BARBARA LIBOVE       2.00       X         TREASURER       X       X       0.         (6) CLAIRE CAVANAH       2.00       X       0.         DIRECTOR       X       0.       0.         (7) VIGNETTA CHARLES, PH.D.       2.00       0.         DIRECTOR       X       0.       0.         (8) RALPH S. CHARTIER       2.00       0.         DIRECTOR       X       0.       0.         (9) KARIN COYLE, PH.D.       2.00       0.         DIRECTOR       X       0.       0.         (10) LAWRENCE J. D'ANGELO, M.D., M.P.       2.00       0.       0.         (11) NADIA LAUREN DOWSHEN, M.D.       2.00       X       0.         DIRECTOR       X       0.       0.         (12) LINDA A. HAWKINS, PH.D., L.P.C.       2.00       X       0.         DIRECTOR       X       0.       0.         (13) KEELY MONROE       2.00       X       0.         DIRECTOR       X       0.       0.	_	_
X	0.	0.
TREASURER	_	_
TREASURER	0.	0.
Colaire Cavanah   Colaire Ca	_	_
DIRECTOR	0.	0.
O	_	_
DIRECTOR	0.	0.
RALPH S. CHARTIER   2.00   X   0.	_	_
DIRECTOR	0.	0.
(9) KARIN COYLE, PH.D.  DIRECTOR  (10) LAWRENCE J. D'ANGELO, M.D., M.P 2.00  DIRECTOR  (11) NADIA LAUREN DOWSHEN, M.D.  DIRECTOR  (12) LINDA A. HAWKINS, PH.D., L.P.C.  DIRECTOR  (13) KEELY MONROE  DIRECTOR  (14) DON FLOWERS  2.00  X  0.		
DIRECTOR   X	0.	0.
(10) LAWRENCE J. D'ANGELO, M.D., M.P 2.00 X 0.  DIRECTOR X 0.  (11) NADIA LAUREN DOWSHEN, M.D. 2.00 X 0.  DIRECTOR X 0.  (12) LINDA A. HAWKINS, PH.D., L.P.C. 2.00 X 0.  DIRECTOR X 0.  (13) KEELY MONROE 2.00 X 0.  DIRECTOR X 0.		
DIRECTOR   X	0.	0.
(11) NADIA LAUREN DOWSHEN, M.D.  DIRECTOR  (12) LINDA A. HAWKINS, PH.D., L.P.C.  DIRECTOR  (13) KEELY MONROE  DIRECTOR  X  0.  (14) DON FLOWERS  2.00  X  0.		
DIRECTOR   X   0 .	0.	0.
(12) LINDA A. HAWKINS, PH.D., L.P.C. 2.00 X 0.  DIRECTOR X 0.  (13) KEELY MONROE 2.00 X 0.  DIRECTOR X 0.		_
DIRECTOR   X   0.	0.	0.
(13) KEELY MONROE 2.00 X 0.  CONTROL OF THE CONTROL		
DIRECTOR X 0.  (14) DON FLOWERS 2.00	0.	0.
(14) DON FLOWERS 2.00		
	0.	0.
DIRECTOR X 0.	0.	0.
(15) LORI CHIN HAWKINS 2.00		_
DIRECTOR (LEFT 8/16) X 0.	0.	0.
(16) COREY A. MCDOUGLE, M.B.A. 2.00	_	_
DIRECTOR X 0.	0.	0.
(17) JESSICA BOYER 55.00	_	40
V.P. POLICY X 75,250.	0.	10,225. Form <b>990</b> (2015)

532007 12-16-15

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)			_
(A) Name and title	(B) Average hours per week	(do box	(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)			1 than is bot	one h an	(D) Reportable	(E) Reportable compensation from related		(F) Estimate amount othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compens from the organization	ation he ation ated
(18) CHITRA PANJABI	55.00			х				0.	(	).		0.
CEO (FROM 5/16)				Λ				0.		+		0.
										+		
										$\perp$		
										$\dagger$		
,										+		
		_								4		
										+		
1h Cub total							L	75,250.	(	).	10,2	225.
1b Sub-total c Total from continuation sheets to Part V								0.	C	١.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							<u>▶</u>	75,250.		).	10,2	225.
compensation from the organization	ot inflited to the	1036	iiste	ou ai	DOV	C) WI	10 1	eceived more than \$100	,,000 of reportable			0
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	ev er	nplo	ovee	or	highest compensated e	mplovee on		Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15			-					•	-		4	X
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ uni	elat	ted organization or indiv	idual for services		_	T.
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son					5	X
1 Complete this table for your five highest co										nsat	tion from	
the organization. Report compensation for (A)					VILII	Or W	ıırıı	(B)			(C)	
Name and business	address	NO	INC	3				Description of s	services	Cor	mpensati	on
2 Total number of independent contractors (		ot li	mite	d to		se li:	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation <b>&gt;</b>									F	orm <b>990</b>	(2015)

COUNCIL OF THE UNITED STATES, INC. 13-2508249 Page 9 Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ìrar		Membership dues						
S, G		Fundraising events						
Sift ar /		Related organizations						
s, ( imil		Government grants (contributi						
ion		All other contributions, gifts, grant	· -					
the		similar amounts not included above	1 1	736,785.				
n dri	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			736,785.			
				Business Code				
e,	2 a	EDUCATIONAL TRA	INING	611710	7,500.	7,500.		
ē Ž	b							
Program Service Revenue	С							
am	d							
ogr R	е							
<u> </u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			7,500.			
	3	Investment income (including						
		other similar amounts)		▶	1,117.			1,117.
	4	Income from investment of tax	k-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	30,000.					
	b	Less: cost or other basis						
		and sales expenses	27,596.					
	С	Gain or (loss)	2,404.					
	d	Net gain or (loss)		<u></u>	2,404.			2,404.
ne	8 a	Gross income from fundraising	g events (not					
		including \$	of					
Other Rever		contributions reported on line	1c). See					
er F		Part IV, line 18	a					
Ě	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	Iraising events	<b></b>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
		Less: cost of goods sold						
	С	Net income or (loss) from sale:	s of inventory					
		Miscellaneous Revenu		Business Code				
	11 a	PUBLICATIONS AN	D OTHER	323100	388.			388.
	b							
	С							
		All other revenue			50.			50.
	е	Total. Add lines 11a-11d		▶	438.			2 050
	12	Total revenue. See instructions.		<b>▶</b>	748,244.	7,500.	0.	3,959.

## Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations			9	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	145 402	115 600	10 700	11 104
_	trustees, and key employees	145,493.	115,689.	18,700.	11,104
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	44,500.	44,500.		
7	Other salaries and wages	44,300.	44,300.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,935.	3,935.		
9	Other employee benefits	13,752.	11,543.	1,396.	813
10	Payroll taxes	13,732•	11,545.	1,390.	013
11	Fees for services (non-employees):				
а	Management	3,421.		3,421.	
b	Legal	16,900.		16,900.	
C	Accounting	10,900.		10,900.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	88,361.	79,392.	4,356.	4,613
40	column (A) amount, list line 11g expenses on Sch 0.)	00,301.	15,552.	±,550•	4,013
12	Advertising and promotion	52,730.	38,801.	9,007.	4,922
13	Office expenses	32,730.	30,001.	5,007.	4,722
14 45	Information technology				
15 16	Royalties	33,285.	28,199.	3,179.	1,907
16 17	Occupancy	11,110.	10,998.	52.	60
	114701	11,110.	10,330.	52.	- 00
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	20,506.	20,299.	95.	112
19 20		20,500	20,200	75.	
20 21	InterestPayments to affiliates				
2 i 22	Depreciation, depletion, and amortization	2,971.	2,496.	297.	178
22 23		15,983.	13,426.	1,598.	959
23 24	Other expenses. Itemize expenses not covered	_3,555.	23,123.	= , 555.	333
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	, , , , , , , , , , , , , , , , , , , ,				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	452,947.	369,278.	59,001.	24,668
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

<sup>2</sup> ar	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any I	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			101,166.	1	201,094
	2	Savings and temporary cash investments	70,780.	2	67,294		
	3	Pledges and grants receivable, net		3	207,503		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec		-			
ر ا		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		_		7	
€	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1.	9	7,265
		Land, buildings, and equipment: cost or other	I I				,
		basis. Complete Part VI of Schedule D	10a	158,990.			
	b		10b	137,675.	10,387.	10c	21,315
	11	Investments - publicly traded securities			61,374.	11	32,125
	12	Investments - other securities. See Part IV, line			. , .	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	243,708.	16	536,596		
	17	Accounts payable and accrued expenses	28,066.	17	27,893		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
,	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
ן נֿ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		_		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	-	·	10,000.	25	10,000
	26	Total liabilities. Add lines 17 through 25			38,066.	26	37,893
		Organizations that follow SFAS 117 (ASC 958			·		·
ا م		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets			156,892.	27	286,838
<u> </u>	28	Temporarily restricted net assets			48,750.	28	211,865
ן ב	29				· · · · · · · · · · · · · · · · · · ·	29	•
5		Organizations that do not follow SFAS 117 (A					
-		and complete lines 30 through 34.					
í	30	Capital stock or trust principal, or current funds				30	
}	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of Fully Balances	32	Retained earnings, endowment, accumulated in				32	
ב	33	Total net assets or fund balances			205,642.	33	498,703
		Total not about or faria balarious	243,708.	34	536,596		

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			- 4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			42.
5	Net unrealized gains (losses) on investments	5	_	<u>2,2</u>	36.
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	49	8,7	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	e O.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	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?		3a		Х
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		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC.

Employer identification number 13-2508249

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.					
he o	organ	ization is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in <b>secti</b>	•									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz					•	the hospital's name.				
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
Ŭ		section 170(b)(1)(A)(iv). (C		maga ar armvaranty attrict	a or opera	tou by a g	overnmental and accord	, od 111				
6		A federal, state, or local gov	-	nental unit described in	section 17	70/h)/1)/A)	(v)					
	X	An organization that norma	-					public described in				
'		section 170(b)(1)(A)(vi). (Co	•	intial part of its support i	Torri a gov	emmema	unit or norm the general	public described in				
8			•	(4)(A)(vi) (Complete Den	<b>.</b> II \							
	H	A community trust describe										
9		An organization that norma	•	•	-							
		activities related to its exen	•					•				
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.				
40		See section 509(a)(2). (Cor	. ,	tarah dan dan dan dan sasah Baran	f-t- 0		201-1141					
10		An organization organized a	•	•	•							
11		An organization organized a	· ·	•	•		•					
		more publicly supported or	•					neck the box in				
		lines 11a through 11d that				-	<del>_</del>					
а	L	■ Type I. A supporting orga		•								
		the supported organization			a majority (	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	•									
b		■ Type II. A supporting organization	· ·					-				
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	- ·									
С			-				• •	ed with,				
		its supported organization		•								
d		☐ Type III non-functionally					• • • • • •					
		that is not functionally int	-	• •	-			iveness				
		requirement (see instructi	•	- ·								
е		Check this box if the orga					ı Type I, Type II, Type III					
		functionally integrated, or										
f		er the number of supported of										
g		vide the following information			(iv) Is the o	rganization	(u) Amount of monotons	(vi) Amount of				
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see				
		organization		above (see instructions))	governing o		instructions)	instructions)				
					Yes	No	,	,				
[∩ta												

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 COUNCIL OF THE UNITED STATES, INC.

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,719,441.	585,551.	1,039,617.	502,809.	736,785.	4,584,203.	
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	1,719,441.	585,551.	1,039,617.	502,809.	736,785.	4,584,203.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1,898,268.	
6	Public support. Subtract line 5 from line 4.						2,685,935.	
	ction B. Total Support						, ,	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	1,719,441.	585,551.	1,039,617.	502,809.	736,785.	4,584,203.	
	Gross income from interest,	, ,	-		-	-	· · ·	
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	175.	308.	1,340.	1,096.	1,117.	4,036.	
9	Net income from unrelated business					-	<u> </u>	
_	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.)	13,528.	6,428.	18,325.	9,884.	438.	48,603.	
11		,	,		, , ,		4,636,842.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	98,634.	
13	•			d. fourth, or fifth ta	ax vear as a sectio	L .	·	
	organization, check this box and <b>stop</b>				-			
Sec	ction C. Computation of Publi	c Support Pe	rcentage					
	Public support percentage for 2015 (li			olumn (f))		14	57.93 %	
	Public support percentage from 2014					15	63.63 %	
	33 1/3% support test - 2015. If the o					nore, check this bo		
	stop here. The organization qualifies a	as a publicly supp	orted organization	ŕ		·	$\triangleright$ X	
b	33 1/3% support test - 2014. If the o						is box	
							ightharpoons	
17a	and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac-							
	meets the "facts-and-circumstances"				· ·	-		
b	10% -facts-and-circumstances test	-	•		•		10% or	
~	more, and if the organization meets th							
	organization meets the "facts-and-circ				-			
18								
<u></u>	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 COUNCIL OF THE UNITED STATES, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	qualify under the tests listed be <b>A. Public Support</b>	now, picase com	piete i ait ii.j				
	ar (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(a) 2012	(4) 2014	(e) 2015	(f) Total
_	grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	pership fees received. (Do not						
	e any "unusual grants.")						
	····· F						
	receipts from admissions, andise sold or services per-						
	d, or facilities furnished in						
	ctivity that is related to the						
_	zation's tax-exempt purpose						
	receipts from activities that						
	t an unrelated trade or bus-						
	under section 513						
	venues levied for the organ-						
	i's benefit and either paid to						
-	ended on its behalf						
	alue of services or facilities						
	ned by a governmental unit to						
	ganization without charge						
6 Total.	Add lines 1 through 5						
<b>7a</b> Amoui	nts included on lines 1, 2, and						
3 rece	ived from disqualified persons						
	s included on lines 2 and 3 received						
	er than disqualified persons that the greater of \$5,000 or 1% of the						
	on line 13 for the year						
<b>c</b> Add lir	nes 7a and 7b						
8 Public	support. (Subtract line 7c from line 6.)						
Section	B. Total Support						
-	ar (or fiscal year beginning in) ► 🔼	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amour	nts from line 6						
	income from interest,						
	nds, payments received on ties loans, rents, royalties						
and in	come from similar sources						
<b>b</b> Unrelat	ted business taxable income						
(less se	ection 511 taxes) from businesses						
acquire	ed after June 30, 1975						
<b>c</b> Add lir	nes 10a and 10b						
	come from unrelated business						
	ies not included in line 10b,						
	er or not the business is rly carried on						
-	income. Do not include gain						<u> </u>
	s from the sale of capital						
	S (Explain in Part VI.)						
	ive years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organ	nization.
	Alada la accional altana la acci	· ·		,	•	. , . ,	<b></b>
	C. Computation of Public						
	support percentage for 2015 (lir			column (f))		15	%
	support percentage from 2014					16	%
	D. Computation of Inves						
	ment income percentage for 201			ne 13, column (f))		17	%
	ment income percentage from 2					18	<u> </u>
	8% support tests - 2015. If the o						
	than 33 1/3%, check this box an						
	8% support tests - 2014. If the						
	is not more than 33 1/3%, chec						
	e foundation. If the organization						. $\square$

532023 09-23-15

## Part IV | Supporting Organizations

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

#### 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

		Yes	No
1		169	140
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	46:		
<u> </u>	10b 90 or 99	00 E 71	2015
יוו ש	JU UI 35	ULL	- ZU 13

Pai	rt IV   Supporting Organizations (continued)			
	(Soliminator)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		٥.		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		i

532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 COUNCIL OF THE UNITED STATES, INC. 13-2508249 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.				
Sect	ion 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 <b>Part VI</b> ):						
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					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	ganization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 COUNCIL OF THE UNITED STATES, INC. 13-2508249 Page 7

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
0001	ion E Distribution Anocations (see instructions)		110 2010	Amount for 2010
1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>	Fundamental Control			
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

## SEXUALITY INFORMATION AND EDUCATION

Schedule A (Form 990 or 990-EZ) 2015 COUNCIL OF THE UNITED STATES, INC. 13-2508249 Page 8

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

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC.

Employer identification number

13-2508249

Organization type (check one):								
Filers of	<b>:</b>	Section:						
Form 990 or 990-EZ		$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	, 0	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsup \$\$							
		nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
SEXUALITY INFORMATION AND EDUCATION
COUNCIL OF THE UNITED STATES, INC.

Employer identification number

13-2508249

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	ivalile, address, and ZIP + 4	\$ 37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
SEXUALITY INFORMATION AND EDUCATION
COUNCIL OF THE UNITED STATES, INC.

Employer identification number

13-2508249

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-   -   -   \$	
		·	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- -   \$	
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - -   ¢	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- -   \$	
		- ı · <del></del>	<u> </u>

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, 13-2508249 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organiza	itions: Complete Bort III			
	TY INFORMATION AL	ND EDUCATION	J Emi	oloyer identification number
	OF THE UNITED ST		`   '	13-2508249
	ganization is exempt und		or is a section 527	
Provide a description of the organia     Political expenditures     Volunteer hours			<b>&gt;</b>	\$
Part I-B Complete if the org	ganization is exempt und	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	<b>•</b>	\$
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	<b></b>	\$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 t	or this year?		Yes No
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the org	<u> </u>	. ,,	<u> </u>	• , , ,
1 Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt funct	ion activities	\$
2 Enter the amount of the filing organ		J		
exempt function activities				\$
3 Total exempt function expenditures				
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organiz separate political orga	ation's funds. Also enter anization, such as a sepa	the amount of political
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2015

### SEXUALITY INFORMATION AND EDUCATION

Schedule C (Form 990 or 990-EZ) 2015	COUNCIL O	F THE UNITED	STATES, INC	. 13-2	2508249 Page 2
Part II-A Complete if the org	ganization is e	xempt under section	on 501(c)(3) and fil	ed Form 5768 (	election under
section 501(h)).					
	-	affiliated group (and list i	in Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha	•	•			
B Check ► ☐ if the filing organiza	ation checked box	A and "limited control" pr	rovisions apply.	( ) ===	n > Accept 1
	its on Lobbying E ditures" means a	xpenditures mounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opini	on (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl					
c Total lobbying expenditures (add l					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure	es (add lines 1c an	d 1d)			
f Lobbying nontaxable amount. Ent	er the amount fron	n the following table in bo	th columns.		
If the amount on line 1e, column (a)	or (b) is: The	lobbying nontaxable an	nount is:		
Not over \$500,000	20%	of the amount on line 1e	e.		
Over \$500,000 but not over \$1,00	0,000 \$10	0,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5		5,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17	,000,000 \$22	5,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	000,000.			
g Grassroots nontaxable amount (er	•				
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze					¬,, ¬,,
reporting section 4911 tax for this		A Desired Heads			Yes No
(Some organizations t	hat made a section	Averaging Period Under on 501(h) election do not parate instructions for li	t have to complete all	of the five columns I	pelow.
		penditures During 4-Ye			
	Lobbying L	tperiorital es Burning + Te	Averaging remod		
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2015

## Schedule C (Form 990 or 990-EZ) 2015 COUNCIL OF THE UNITED STATES, INC.

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)).

For ea	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	o)
of the	lobbying activity.	Yes	No	Amo	ount
1	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				
	or referendum, through the use of:				
a '	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	77	X	1.0	2 000
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	Х	4 (	0,000.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Λ	11	0,000.
	Total. Add lines 1c through 1i		Х	4(	7,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		^		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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)(4), secti	on 501(c)	(5), or se	ction	
· art	501(c)(6).	o oo . (o,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01.011	
	(-N-F			Yes	No
1	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 expenditures from the prior year?				
Part	III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part					
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAR	T II-B, LINE 1, LOBBYING ACTIVITIES:				
SIE	CUS HAS ONE STAFF MEMBER WHO ENGAGES IN A LIMITED	AMOUN'	r of L	OBBYI	1G
ACT	IVITIES, WHICH INCLUDED MEETING WITH LEGISLATORS A	ND/OR	THEIR	STAFI	?
MEM	BERS AS WELL AS SENDING ACTION ALERTS TO MOTIVATE	OUR B	ASE OF		
CON	STITUENTS. WE FILE LOBBYING EXPENSE REPORTS FOR TH	IS ST	AFF ME	MBER (	ON
	UARTERLY BASIS. IN FISCAL YEAR 2016 (OCTOBER 1, 20				
<u> ×</u>	CITIZE DISTRICT IN TERRORE THAT BOTO (OCTOBER 1, 20		le C (Form		

532043 10-05-15

## SEXUALITY INFORMATION AND EDUCATION

Schedule C	(Form 990	or 990-EZ) 20 <sup>-</sup>	15 COUNCI	L OF	THE	UNITED	STATES,	INC.	13-2508249 P	age 4
Part IV	Suppler	mental Info	rmation (cor	ntinued)						
2016)	THIS	АМОПИТ	TOTALED	\$40	000	_				
		11100111		7-0	,	<u>-</u>				
-										
										_
						· · · · · ·				
									shadula C /Farm 000 ar 000 E7	N 0045

532044 10-05-15

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC.

**Employer identification number** 13-2508249

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		other Sillinai Assets.
			mont and halance sheet works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	,	arice of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describes the examination placed as permitted under SEAS 116 (AS)		at and halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	•	dication, or research in futilierance of pr	ablic service, provide the following amounts
	relating to these items:		<b>*</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 11		ai gairi, provide
•	·	,	<b>*</b>
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2015

Par	rt III Organizations Maintaining C	Collections of Art, H	storical T	reasures,	or Othe	r Simila	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, access	on, and other records, ch	eck any of the	following that	at are a siç	gnificant u	use of its	collection it	tems
	(check all that apply):								
а	Public exhibition	d 🗀	Loan or exc	change progr	ams				
b	Scholarly research	е 🗀	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain how	they further	the organizat	ion's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of art,	historical trea	asures, or oth	ner similar	assets			
	to be sold to raise funds rather than to be m	aintained as part of the or	ganization's c	ollection?				Yes	No_
Par	rt IV Escrow and Custodial Arran	gements. Complete if t	he organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermediary f	or contributio	ns or other a	ssets not i	included		-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the followin	g table:						
								Amount	
С	Beginning balance					. 1c			
d	Additions during the year					. 1d			
е	Distributions during the year					. 1e			
f	Ending balance					. 1f		1	
2a	Did the organization include an amount on F	orm 990, Part X, line 21, fo	or escrow or c	custodial acco	ount liabili	ty?	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII					-			
Par	rt V Endowment Funds. Complete							_	
		(a) Current year (b)	Prior year	(c) Two year	rs back (	<b>d)</b> Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance								
b									
С	3,3,,								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	· · · · · · · · · · · · · · · · · · ·	1g, column (	(a)) held as:					
а	5	%							
b		%							
С	· · · · · · · · · · · · · · · · · · ·	%							
_	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ession of the organization	nat are neld a	and administe	erea for th	ie organiz	ation	<u></u>	<del></del>
	by:								es No
	(i) unrelated organizations							3a(i)	+
		Alara Bakadaa waxaa ka da							+
	If "Yes" on line 3a(ii), are the related organiza			<i>'</i>				3b	
4 Dar	rt VI Land, Buildings, and Equipn		it iunas.						
rai	Complete if the organization answere		IV line 11e	Soo Form 00	0 Dort V	lina 10			
	· · · · · · · · · · · · · · · · · · ·	(a) Cost or other	<del></del>		<del></del>		<u> </u>	(al) Dooley	
	Description of property	basis (investment)	1 ' '	t or other (other)		cumulate reciation	u	(d) Book v	alue
10	Land	,	1 12313	(30101)	цор	· SOIGHOIT			
	Land								
	Buildings								
			1 -	58,990.	1	37,67	75.	21	,315.
	Equipment		+	,			<del>  </del>	21	, , , , , ,
	Other		umn (R) line	10c)	I			21	315.

Schedule D (Form 990) 2015

Schedu	ule D (Form 990	) 2015	COUNCIL	OF	THE	UNITED	ST	ATES,	INC.	1	13-2508249	Page \$
Part	VII Investr	nents -	Other Securit	ies.								
	Complete	e if the or	ganization answere	ed "Yes	on For	m 990, Part I\	/, line	11b. See F	orm 990,	Part X, line 12.		
(a) De	scription of secu	rity or cate	gory (including name of	security)	(	<b>b)</b> Book value		(c) Me	ethod of v	aluation: Cost or	end-of-year market v	alue
(1) Fin:	ancial derivativ	es										
<b>(2)</b> Clo	sely-held equit	y interest	s									
(3) Oth	ner											
(A)												
(B)												
(C)												
(D)												
(E)												
(F)												
(G)												
Total (	Col. (b) must oau	al Form 00	O Part V cal (P) line	12 \								
			0, Part X, col. (B) line Program Rela									
1 art			ganization answere		" on For	m 000 Dort IV	/ line	110 Coo E	orm 000	Dort V line 12		
			f investment	eu res		b) Book value					end-of-year market v	alue
(1)	(4, 233	оприот о			<del>  '</del>	,		(5)				
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
Total. (0	Col. (b) must equ	al Form 99	0, Part X, col. (B) line	e 13.) <b>&gt;</b>								
Part	IX Other A	Assets.										
	Complete	e if the or	ganization answere	ed "Yes	on For	m 990, Part I\	/, line	11d. See F	orm 990,	Part X, line 15.		
				(a)	) Descri	ption					(b) Book va	lue
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)	Caluman (b) man	ot ocusel [	Corres 000 Dort V o	al (D) lis	aa 1F \						_	
Part			Form 990, Part X, c	OI. (B) III	ie 15.)							
1 0.11			ganization answere	ed "Yes	" on For	m 990 Part I\	/ line	11e or 11f	See Forr	m 990 Part X line	25	
1.			escription of liabili			555, 1 4		(b) Book va				
(1)	Federal incom	e taxes	<u> </u>					· ·				
(2)	SECURIT		POSITS					10	,000.			
(3)												
(4)												
(5)										1		
(6)												
(7)												
(8)												

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X

Schedule D (Form 990) 2015

10,000.

٠.	SEXUALITY INFORMATION AT Edule D (Form 990) 2015 COUNCIL OF THE UNITED ST			12 25	08249 Page <b>4</b>
_	rt XI Reconciliation of Revenue per Audited Financial State	-			000249 Page 4
Pai			nevenue per r	eturri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				746,008.
1	Total revenue, gains, and other support per audited financial statements			1	740,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-2,236.		
a	Net unrealized gains (losses) on investments		2,250	-	
b	Donated services and use of facilities			-	
q	Recoveries of prior year grants  Other (Describe in Part XIII.)			-	
d e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>			2e	-2,236.
3	Subtract line 2e from line 1			3	748,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	748,244.
	rt XII Reconciliation of Expenses per Audited Financial Sta			Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	452,947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d					
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	0.
3	Subtract line 2e from line 1			3	452,947.
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.)	4b			
С	Add lines 4a and 4b			4c	0.
5		.)		5	452,947.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inform	ation.		
וגם	om v tind 9.				
PAI	RT X, LINE 2:				
сті	POUG UNG DEMERMINED MUNM MUEDE NDE NO M	ייי דאד מייי	TCEDMATNI M	אי דע	CTMTONC
DT1	ECUS HAS DETERMINED THAT THERE ARE NO MA	ATERIAL UI	NCERTAIN I	AA PC	SITIONS
тиз	AT REQUIRE RECOGNITION OR DISCLOSURE IN	יישר דואאי	лстат. Стат	יהאהאת	ıq
1111	AI REQUIRE RECOGNITION OR DIDCEODORE IN	THE PINA	CIAL DIAL	. ISMETA I	<b></b>
PEI	RIODS ENDING SEPTEMBER 30, 2013 AND SUBS	SECUENT RI	MATN SUBJ	ECጥ ጥ	ים
	TODO ENDINO DEL LENDER SO, ESTO IND. DODA	JEQUEITI I			
EXZ	AMINATION BY APPLICABLE TAXING AUTHORIT	[ES.			

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC.

**Employer identification number** 13-2508249

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC. (SIECUS) AFFIRMS THAT SEXUALITY IS A FUNDAMENTAL PART OF BEING HUMAN, ONE THAT IS WORTHY OF DIGNITY AND RESPECT. WE ADVOCATE FOR THE RIGHT OF ALL PEOPLE TO ACCURATE INFORMATION, COMPREHENSIVE EDUCATION ABOUT SEXUALITY, AND SEXUAL HEALTH SERVICES. SIECUS WORKS TO CREATE A WORLD THAT ENSURES SOCIAL JUSTICE AND SEXUAL RIGHTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SIECUS AFFIRMS THAT SEXUALITY IS A FUNDAMENTAL PART OF BEING HUMAN, ONE THAT IS WORTHY OF DIGNITY AND RESPECT. WE ADVOCATE FOR THE RIGHT OF ALL PEOPLE TO ACCURATE INFORMATION, COMPREHENSIVE EDUCATION ABOUT SEXUALITY, AND SEXUAL HEALTH SERVICES. SIECUS WORKS TO CREATE A WORLD THAT ENSURES SOCIAL JUSTICE AND SEXUAL RIGHTS.

FORM 990, PART VI, SECTION A, LINE 2:

LINDA A. HAWKINS, PH.D., L.P.C. AND LORI CHIN HAWKINS HAVE A FAMILY RELATIONSHIP.

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

THE FINAL FORM 990 IS DISTRIBUTED TO THE FULL SIECUS BOARD PRIOR TO FILING. THE SIECUS BOARD FINANCE COMMITTEE AND THE PRESIDENT & CEO CLOSELY REVIEW THE FINAL FORM 990 PRIOR TO FILING. ONCE IT IS READY FOR FILING, APPROVAL IS GIVEN, SIGNATURES ARE PROVIDED, AND OUR AUDITORS FILE. FOLLOWING THIS, ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 VIA ELECTRONIC FORMAT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

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

Name of the organization SEXUALITY INFORMATION AND EDUCATION **Employer identification number** COUNCIL OF THE UNITED STATES, INC. 13-2508249 FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF DIRECTORS READS THE SIECUS CONFLICT OF INTEREST POLICY AND SIGNS A CONFLICT OF INTEREST CERTIFICATE ANNUALLY. ANY POSSIBLE CONFLICT OF INTEREST IS DISCLOSED TO THE BOARD OF DIRECTORS BY THE PERSON CONCERNED, AND THAT PERSON IS RECUSED FROM DELIBERATIONS, AND CANNOT VOTE ON THE MATTER. FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO IS THAT THE EXECUTIVE COMMITTEE OF THE BOARD (LED BY THE BOARD CHAIR) GIVES THE CEO HIS/HER REVIEW, USES COMPARABILITY DATA, AND DETERMINES THE APPROPRIATE COMPENSATION WITH THE CEO, GIVEN BUDGET CONSIDERATIONS. THE BOARD LAST DETERMINED THE CEO COMPENSATION IN 2016. FORM 990, PART VI, SECTION C, LINE 19: SIECUS MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA OUR WEBSITE, GUIDESTAR, AND AS REQUESTED. FORM 990, PART IX, LINE 11G, OTHER FEES: INTERNS: PROGRAM SERVICE EXPENSES 4,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,000. CREATIVE SERVICES: PROGRAM SERVICE EXPENSES 872. MANAGEMENT AND GENERAL EXPENSES 46. 532212 09-02-15

Name of the organization SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, INC.	Employer identification number 13-2508249
FUNDRAISING EXPENSES	28.
TOTAL EXPENSES	946.
TRANSITION CONSULTANT:	
PROGRAM SERVICE EXPENSES	21,840.
MANAGEMENT AND GENERAL EXPENSES	2,600.
FUNDRAISING EXPENSES	1,560.
TOTAL EXPENSES	26,000.
HEALTH CARE CONSULTING:	
PROGRAM SERVICE EXPENSES	18,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,500.
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	34,180.
MANAGEMENT AND GENERAL EXPENSES	1,710.
FUNDRAISING EXPENSES	3,025.
TOTAL EXPENSES	38,915.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	88,361.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR	