

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

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

Doing business as
 SIECUS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 1012 14TH STREET NW NO 305

City or town, state or province, country, and ZIP or foreign postal code
 WASHINGTON, DC 20005

D Employer identification number
 13-2508249

E Telephone number
 (202) 265-2405

G Gross receipts \$ 463,760

F Name and address of principal officer:
 CHRISTINE HARLEY
 1012 14TH STREET NW NO 305
 WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: WWW.SIECUS.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1964 **M** State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 SIECUS ASSERTS THAT SEXUALITY IS A FUNDAMENTAL PART OF BEING HUMAN, ONE WORTHY OF DIGNITY AND RESPECT. WE ADVOCATE FOR THE RIGHTS OF ALL PEOPLE TO ACCURATE INFORMATION, COMPREHENSIVE SEXUALITY EDUCATION, AND THE FULL SPECTRUM OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	6
6 Total number of volunteers (estimate if necessary)	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	743,473	372,358
9 Program service revenue (Part VIII, line 2g)	22,500	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	478	-5,179
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,264	2,592
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	769,715	369,771
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	388,640	455,015
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶96,240		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	333,921	340,744
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	722,561	795,759
19 Revenue less expenses. Subtract line 18 from line 12	47,154	-425,988
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	648,382	320,384
21 Total liabilities (Part X, line 26)	88,898	181,699
22 Net assets or fund balances. Subtract line 21 from line 20	559,484	138,685

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2021-05-20
 CHRISTINE HARLEY CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ LSWG PA Firm's EIN ▶ 52-1273734
 Firm's address ▶ 1803 RESEARCH BLVD SUITE 404 Phone no. (301) 662-9200
 ROCKVILLE, MD 20850

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No