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Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

**A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **SEXUAL ASSAULT COUNSELING & INFORMATION SERVICE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/su

**825 18TH STREET, STE. 409**

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

**CHARLESTON IL 61920**

**F** Name and address of principal officer:

**DAVID CHAYER  
P O BOX 858  
CHARLESTON IL 61920**

H(a) I

H(b) /

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

**J** Website: **WWW.SACIS.ORG** H(c) (

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of form

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	
	<b>6</b> Total number of volunteers (estimate if necessary)	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	
	<b>9</b> Program service revenue (Part VIII, line 2g)	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	

