PKF O'CONNOR DAVIES, LLP 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905

> AMERICAN COUNCIL ON SCIENCE AND HEALTH 110 EAST 42ND STREET, NO. 1300 NEW YORK, NY 10017-8532

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| | | PUB | - | | PY - STAT | | | | | - |
|---------------------------|----------------------------|-------------------------|----------------------|---------------------|---|-------------------|--------------|-------------------|--------------|------------------------------|
| | | 00 | | | anization | | | | | OMB No. 1545-0047 |
| Forn | n J | 90 | | | 947(a)(1) of the Ir | | | | | 2017 |
| Depa | tment o | of the Treasury | | | al security numbe | | - | - | с. | Open to Public |
| | | nue Service | | | ov/Form990 for | | | | 0010 | Inspection |
| <u>A</u> F | or the | | ar year, or tax ye | ear beginning | JUL 1, 2 | 017 and | lending J | <u>UN 30,</u> | 2018 | |
| | heck if oplicable | le: C Name o | f organization | | | | | D Employe | r identifica | tion number |
| | Addre: | e AMER | ICAN COUN | NCIL ON S | CIENCE AN | ND HEALTH | I | | | |
| | Name]chang | e Doing b | usiness as | | | | | | 13-29 | 11127 |
| | Initial return | | | | t delivered to street a | | Room/suite | E Telephon | | |
| | Final return/ termin | | EAST 42NI | | | | 1300 | | | <u>62-7044</u> |
| | ated Ameno | City or t | | | nd ZIP or foreign | postal code | | G Gross receip | | 1,867,805. |
| | _return]Applic | NEW | YORK, NY | | DSH BLOOM | ם עם | | H(a) Is this a | | |
| | _tion pendir | | AS C ABO | | JSH BLOOM | , FR.D. | | | ordinates? | Yes 🔺 No uded? 🗌 Yes 🗌 No |
| <u>і</u> т | 22.02 | empt status: | | 501(c) (|) 		 (insert no.) | 4947(a)(1) | or 527 | | | st. (see instructions) |
| | | | ACSH.ORG | |) | | | H(c) Group | | |
| | | | X Corporation | Trust | Association | Other 🕨 | L Year | | | State of legal domicile: NY |
| | rt I | Summary | | | | | 1 | | | |
| | 1 | Briefly describ | e the organizatio | n's mission or me | ost significant act | tivities: SEE | SCHEDU | LE O | | |
| nce | | | - | | - | | | | | |
| Governance | 2 | Check this bo | x 🕨 🛄 if the | e organization dis | scontinued its ope | erations or dispo | sed of more | than 25% of i | ts net asset | S. |
| ove | 3 | Number of vo | ting members of t | the governing bo | dy (Part VI, line 1a | a) | | | | 11 |
| | | | | | governing body (F | | | | | 10 |
| es { | | | | | ar year 2017 (Part | | | | | 9 |
| iviti | | | | | ry) | | | | | 310 |
| Activities & | | | | | column (C), line 1 | | | | | 0. |
| _ | b | Net unrelated | business taxable | income from For | rm 990-T, line 34 | | <u> </u> | | | 2,771. |
| | - | . | | | | | | Prior Yea | | Current Year |
| ne | | | and grants (Part | | | | | 1,018, | 0. | <u>1,097,365.</u> 0. |
| Revenue | | • | ce revenue (Part | | , 4, and 7d) | | | 225 | 555. | 236,266. |
| Re | | | | | 8c, 9c, 10c, and 7 | | | | 365. | 3,516. |
| | | | - | | ual Part VIII, colun | | | 1,260, | | 1,337,147. |
| _ | | | milar amounts pa | | | | | | 0. | 0. |
| | | | to or for members | | - (A) line (A) | | | | 0. | 0. |
| s | 4- | <u> </u> | | | | | | 974, | 688. | 1,067,521. |
| ıse | 16a | Professional f | undraising fees (F | Part IX, column (A | A), line 11e) | | | | 450. | 81,250. |
| Expenses | b | Total fundrais | ing expenses (Pa | rt IX, column (D), | (Part IX, column A), line 11e) line 25) ► | 436,7 | 39. | | | |
| Ê | 17 | Other expens | es (Part IX, colum | ın (A), lines 11a-1 | 1d, 11f-24e) | | | | 865. | 846,954. |
| | 18 | Total expense | s. Add lines 13-1 | 7 (must equal Pa | rt IX, column (A), I | line 25) | | 1,729, | | 1,995,725. |
| | | Revenue less | expenses. Subtra | act line 18 from li | ne 12 | | | -468, | | -658,578. |
| s or nces | | | | | | | Be | ginning of Curr | | End of Year |
| t Assets or d Balances | 20 | Total assets (I | | | | | ······ | 2,055, | | 1,346,959. |
| Net A Fund F | | | (Part X, line 26) | | | | | | 993. | 242,764. |
| | 22 rt II | Net assets or Signature | | ubtract line 21 fro | om line 20 | | | 1,891, | 259. | 1,104,195. |
| | | | | evamined this rate | urn including accord | nnanving schedulo | e and etatom | ante and to the | hest of my k | nowledge and belief, it is |
| | | | | | fficer) is based on al | | | | - | nowieuge and belief, it is |
| uc, | 501166 | | | | 11001 / 13 Dascu UII di | | mon proparei | | ayu. | |
| Sigr | | Signatur | e of officer | | | | | Date | | |
| Here | | - | | PH.D. AC | TING PRES | SIDENT | | | | |
| | - | | print name and title | | | | | | | |
| | | Print/Type pre | narer's name | | Prenarer's sign | nature | | Date | Check | PTIN |

| May the IF | RS discuss this return with the preparer shown abo | ve? (see instructions) | - | X Yes No |
|------------|--|------------------------|------------------------|------------|
| | STAMFORD, CT 069 | 05 | Phone no. 203 - | -323-2400 |
| Use Only | Firm's address 3001 SUMMER STRE | ET, 5TH FLOOR, EAST | | |
| Preparer | Firm's name 🕨 PKF O'CONNOR DAV | IES, LLP | Firm's EIN 🕨 💈 | 27-1728945 |
| Paid | GARRETT M. HIGGINS | GARRETT M. HIGGINS | 02/12/19 self-employed | P00543209 |
| | Print/Type preparer's name | Preparer's signature | Date Check | PTIN |

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

| | Check if Schedule O contains a response or note to any line in this Part III |
|----------|---|
| 1 | Briefly describe the organization's mission: <u>SEE</u> SCHEDULE O |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 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 \$1,394,871. including grants of \$)(Revenue \$)(Revenue \$3,516. ACSH ACHIEVES ITS MISSION THROUGH ONGOING GENERAL EDUCATIONAL PROGRAMS AND ACTIVITIES THAT INCLUDE: PRODUCING PEER-REVIEWED PUBLICATIONS; PRODUCING AND DISTRIBUTING A DAILY E-NEWS BRIEF AND FEED THAT PRESENTS ACSH'S SCIENTIFIC PERSPECTIVE ON CURRENT AND/OR EMERGING HEALTH-RELATED NEWS STORIES, EVENTS AND/OR MEDICAL BREAKTHROUGHS; PRODUCING INFORMATIVE VIDEO COMMENTARIES; WRITING OP-EDS, COMMENTARIES AND LETTERS-TO-THE EDITOR THAT ARE PUBLISHED IN LEADING NATIONAL AND LOCAL NEWSPAPERS, POPULAR MAGAZINES AND/OR JOURNALS; HOSTING AN EDUCATIONAL WEBSITE AT ACSH.ORG THAT PROVIDES SCIENTIFIC ASSESSMENTS OF CURRENT TRENDS AND STUDIES IN HEALTH AND MEDICINE, AND FREE DOWNLOAD OF ACSH SCIENTIFIC PUBLICATIONS; APPEARING ON RADIO AND TV TO DISPEL MYTHS AND |
| | CONFRONT CONTROVERSIES HEAD ON; CULTIVATING PARTNERSHIP OPPORTUNITIES |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| 4b 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |

| Form 990 (2017) | AMERICAN | COUNCIL | ON | SCIENCE | AND | HEALTH |
|----------------------|-----------------------|---------|----|---------|-----|--------|
| Part IV Checklist of | Required Sched | lules | | | | |

| | | | Yes | No |
|-----|--|------------|--------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 37 | |
| - | If "Yes," complete Schedule A | 1 | X X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | A | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| _ | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| _ | 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, | _ | | v |
| • | 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 | | | v |
| - | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 37 |
| | 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 | | | 37 |
| | 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, | | 37 | |
| _ | Part VI | <u>11a</u> | 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 | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| | 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 | | 37 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 37 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | <u>12a</u> | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| 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 | | | v |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 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 | | | v |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | v | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Х | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 77 |
| | complete Schedule G. Part III | 19 | | X |

Form 990 (2017)

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| Form 990 (2017) | AMERICAN | | | SCIENCE | AND | HEALTH |
|-------------------|-------------------|----------------------------|-----|---------|-----|--------|
| Part IV Checklist | of Required Sched | dules _{(continue} | ed) | | | |

| | | | Yes | No |
|-----|--|-----------|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | 163 | X |
| | 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 | 200 | | |
| | 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 | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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 | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 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 | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| ~~ | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 0 | | x |
| 04 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | | x |
| 25- | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | | 358 | | - 27 |
| a | 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" approaches Schedule B. Part V, line 2 | 35b | | |
| 36 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 330 | | |
| 00 | | 36 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 30 | | <u> </u> |
| 01 | 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? | – | | <u> </u> |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |

Form 990 (2017)

732004 11-28-17

| Form | 990 (2017) AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911 | 127 | Р | _{age} 5 |
|------|---|------|--------------|------------------|
| Pa | t 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 | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 1 | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| | (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 2a 9 | | | |
| 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 <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| 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 | | X |
| 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? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | 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 | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | 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. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | 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 | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14b | | |
| | | Form | 1 990 | (2017) |

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| Form 990 (2017) |
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AMERICAN COUNCIL ON SCIENCE AND HEALTH

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.

| | | | | | Yes | No |
|-----|--|----------------------|--------------|----------|-----|------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | | |
| | 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. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | <u> </u> | | |
| 74 | more members of the governing body? | | | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | 10 | | - 23 |
| b | | | | 76 | | x |
| ~ | persons other than the governing body? | | | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | v | |
| | The governing body? | | | 8a | X | |
| - | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | | | 9 | | Х |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue Code.) | | | | |
| | | | | | Yes | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y before filing the | e form? | 11a | Х | |
| 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 | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | res." describe | | | | |
| | in Schedule O how this was done | , | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | - | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | | x |
| ~ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 100 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent with a | | | | |
| .54 | | | | 16a | | X |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | 104 | | |
| D | | • • | 1 | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | 404 | | |
| 200 | exempt status with respect to such arrangements? | | | 16b | | |
| | | <u></u> | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Section 501(c)(| 3)s only) av | allable |) | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | | n in Schedule O) | | _ | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor | nflict of interest p | olicy, and | financ | al | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and records: | ▶ | | | |
| | CHERYL MARTIN, DIR. OF OPERATIONS - 212-362-7044 | | | | | |
| | 110 EAST 42ND STREET, NO. 1300, NEW YORK, NY 10017 | 7-8532 | | | | |
| | 5 11-28-17 | | | Form | 990 | (201 |

| Form 990 (2017) | AMERICAN | COUNCIL ON | SCIENCE | AND | HEALTH | 13-2911127 | Page 7 |
|---------------------|---------------------------------|------------------------|---------------------|--------|-----------------|--------------------------------|---------|
| Part VII Comp | ensation of Officers, D | irectors, Truste | es, Key Emp | loyees | s, Highest Co | ompensated | |
| Emplo | yees, and Independen | t Contractors | | | | | |
| Check it | Schedule O contains a respo | onse or note to any li | ne in this Part VII | | | | |
| Section A. Officer | rs, Directors, Trustees, Key | Employees, and Hig | hest Compensa | ted Em | ployees | | |
| te Complete this to | ble for all persons required to | halistad Depart as | magnestion for th | | der veer ending | with an within the exception's | townoor |

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.

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|---|--|--------------------------------|---|---------|---------------|---------------------------------|--------|--|--|--|
| Name and Title | Average hours per week | box | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| <pre>(1) NIGEL M. BARK, M.D. CHAIRMAN</pre> | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (2) STEPHEN MODZELEWSKI | 5.00 | ^ | | | | - | | 0. | 0. | 0. |
| VICE-CHAIRMAN | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (3) TANYA DORHOUT | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (4) JAMES E. ENSTROM, PH.D., M.P.H. | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (5) JACK FISHER, M.D., F.A.C.S | 1.00 | | | | | | | | | |
| TRUSTEE (THRU 6/30/18) | | Х | | | | | | 0. | 0. | 0. |
| (6) THOMAS D.J. GOLAB | 40.00 | | | | | | | | | 10 000 |
| TRUSTEE; V.P. OF DEVELOPMENT | 1 00 | Х | | | | | | 76,488. | 0. | 16,267. |
| (7) HERBERT I. LONDON, PH.D. | 1.00 | v | | | | | | | 0 | 0 |
| TRUSTEE (8) FRED L. SMITH, JR. | 1.00 | Х | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (9) DANIEL T. STEIN, M.D. | 1.00 | Δ | | - | | | | | 0. | |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (10) STEPHEN T. WHELAN | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (11) THOMAS P STOSSEL, M.D. | 1.00 | | | | | | | | | |
| TRUSTEE (AS OF 4/9/18) | | Х | | | | | | 0. | 0. | 0. |
| (12) HENRY CAMPBELL | 40.00 | | | | | | | | | |
| PRESIDENT | | Х | | X | | | | 223,787. | 0. | 11,364. |
| (13) CHERYL MARTIN | 40.00 | | | | | | | | - | |
| DIR. OF OPERATIONS/TREASURER/SECRETA | 40.00 | | | X | | | | 96,280. | 0. | 12,626. |
| (14) JONATHAN BLOOM | 40.00 | - | | | | | | 110.040 | | |
| DIR. OF CHEMICAL AND PHARMCEUTICALS | | - | | | | X | | 113,840. | 0. | 263. |
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|-----|---------------------------|--------------------------------|------------------------|-----------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|-------------------|------|--------------------|---------------------|--------------|
| Par | t VII Section A. Off | icers, Directors, Trus | tees, Key Emp | ploy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | | (B) | | | (C | | | | (D) | (E) | | | (F) | |
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| | | | related | e or di | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MIS | U) | 1 | om th onizat | |
| | | | organizations | Individual trustee or | l trus | | ee | npen | | (1099-10130) | | l | Ĭ | anizat d relat | |
| | | | below | dual t | utiona | _ | nploy | st cor oyee | Je | | | | 1 | anizati | |
| | | | line) | Indivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | | |
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| | compensation nom a | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization I | list any former officer | director or tri | ictor | a ko | vom | nlo | VOO | ort | highest compensated er | mplovee on | 1 | | | |
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| Sec | tion B. Independent (| nization? <i>If</i> "Yes." com | plete Schedule | e J fo | or su | ch p | berso | on | | | | | 5 | | - 72 |
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| | the organization. Rep | | the calendar ye | eare | nain | g wi | un o | or wit | | the organization's tax y | ear. | | | | |
| | | (A) Name and business | address | мc | ONE | • | | | | (B) Description of s | ervices | C |)) Compe | •) nsatio | n |
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Form **990** (2017)

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| assets other than inventory 728,795. b Less: cost or other basis and sales expenses 530,658. c Gain or (loss) 198,137. d Net gain or (loss) 198,137. d Net gain or (loss) 0 e Gain or (loss) 198,137. d Net gain or (loss) 0 e Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See 9 Part IV, line 19 a 10 b Less: direct expenses b c Net income or (loss) from gaming activities. See 10 file a Gross sales of inventory, less returns and allowances 3,516. a dalowances a 0. 10 c Miscellaneous Revenue Business Code 10 11 a Intervenue Intervenue Intervenue 1,337,147. 3,516. 0. c Intal revenue Intal revenue Inta Intal revenue Intal rev | | | | | | ► | | | | |
| b Less: cost or other basis and sales expenses 530,658. c Gain or (loss) 198,137. d Net gain or (loss) 198,137. 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 198,137. 9 Gross income from gaming activities. See Part IV, line 19 b 9 Gross income from gaming activities. See Part IV, line 19 a 0 Less: direct expenses b 0 Roros sales of inventory, less returns and allowances a 0 Less: cost of goods sold b 0 Roros sales of inventory 3,516. 11 a a 0 Income or (loss) from sales of inventory 1,337,147. 11 a a 0 Total revenue a 0 Total revenue a a | | 7 a | а | Gross amount from sales of | | | | | | |
| and sales expenses 530,658. c Gain or (loss) 198,137. d Net gain or (loss) 198,137. d Net gain or (loss) 198,137. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 198,137. b Less: direct expenses b c Net income or (loss) from fundraising events > 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. > 10 a Gross sales of inventory, less returns and allowances a ad allowances a d All other revenue Business Code 11 a | | | | assets other than inventory | 728,795. | | | | | |
| c Gain or (loss) 198,137. d Net gain or (loss) 198,137. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 198,137. b Less: direct expenses b 198,137. c Net gain or (loss) of contributions reported on line 1c). See 198,137. Part IV, line 18 a a 198,137. s Gross income from gaming activities. See a 198,137. 9 a Gross income from gaming activities. See a 10 b Less: direct expenses b 10 c Net income or (loss) from gaming activities 10 10 a 0.156. 3,516. 10 c Net income or (loss) from sales of inventory 3,516. 3,516. c Miscellaneous Revenue Business Code 11 11 a | | ł | b | | | | | | | |
| d Net gain or (loss) 198,137. 198,137. 8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See of Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3,516. b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a | | | | | | | 4 | | | |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a a dallowances b b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code c 11 a d All other revenue d All other revenue d All other revenue b 12 Total revenue. See instructions b | | | | | • | | 100 127 | | | 100 127 |
| including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b Less: cost of goods sold b c Net income or (loss) from sales of inventory miscellaneous Revenue Business Code 11 a c c d All other revenue e Total. Add lines 11a-11d | | | | e () | | 🕨 | 198,137. | | | 198,137. |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a | en | 8 8 | а | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3,516. b 0. c Net income or (loss) from sales of inventory b 0. c Net income or (loss) from sales of inventory b 3,516. 0. 0. c Miscellaneous Revenue Business Code 11 a b | ven | | | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3,516. b 0. c Net income or (loss) from sales of inventory b 0. c Net income or (loss) from sales of inventory b 3,516. 0. 0. c Miscellaneous Revenue Business Code 11 a b | Re | | | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3,516. b 0. c Net income or (loss) from sales of inventory b 0. c Net income or (loss) from sales of inventory b 3,516. 0. 0. c Miscellaneous Revenue Business Code 11 a b | her | ł | b | | | | 1 | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a dallowances a dallowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | δ | | | | | ► | | | | |
| b Less: direct expenses b b b b b b b b b b b b b b b b b b | | 9 a | а | Gross income from gaming a | ctivities. See | | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3,516. b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. All other revenue 1, 337, 147. 3, 516. 0. 236, 260 | | | | | | | - | | | |
| 10 a Gross sales of inventory, less returns and allowances a 3,516. 0. b Less: cost of goods sold b c Net income or (loss) from sales of inventory > 3,516. Miscellaneous Revenue Business Code 11 a | | | | | | | | | | |
| and allowances a 3,516. b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a | | | | | - | ► | | | | |
| b Less: cost of goods sold b 0. 0. c Net income or (loss) from sales of inventory > 3,516. 3,516. Miscellaneous Revenue Business Code 0. 11 a | | 10 a | а | • | | 3 516 | | | | |
| c Net income or (loss) from sales of inventory >>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | | | L- | | | <u> </u> | - | | | |
| Miscellaneous Revenue Business Code Image: Code Image: Code 11 a | | | | | | | 3 516 | 3 516 | | |
| 11 a | | | U | | | | | 5,510. | | |
| b | | 11 : | а | | | | | | | |
| c | | | | | | | | | | |
| d All other revenue | | | | | | | | | | <u> </u> |
| e Total. Add lines 11a-11d ► I< | | c | d | | | | | | | |
| | | e | е | Total. Add lines 11a-11d | | ► | | - | | |
| | | 12 | | Total revenue. See instructions. | | ► | 1,337,147. | 3,516. | 0. | |
| 732009 11-28-17 Form 990 (2) | 73200 | 9 11-2 | 28- | 17 | | | 0 | | | Form 990 (2017 |

AMERICAN COUNCIL ON SCIENCE AND HEALTH Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons 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 | (D) Fundraising expenses |
|----|---|------------------------------|---|---|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations | | | | · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 484,575. | 377,823. | 38,523. | 68,229 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | 50,000. | 50,000. | | |
| 7 | Other salaries and wages | 431,280. | 338,763. | 33,387. | 59,130 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 26 400 | 00 155 | 0.000 | E 400 |
| 9 | Other employee benefits | 36,498. | 28,457. | 2,902. | <u>5,139</u> 9,176 |
| 0 | Payroll taxes | 65,168. | 50,811. | 5,181. | 9,176 |
| 1 | Fees for services (non-employees): | | | | |
| | Management | 6 202 | | 0 517 | 2 776 |
| | Legal | 6,293. | 8,738. | 2,517. | 3,776 1,747 |
| | Accounting | 52,601. | 0,/30. | 42,116. | 1,/4/ |
| | Lobbying | 81,250. | | | 81,250 |
| | Professional fundraising services. See Part IV, line 17 | 11,254. | | 11,254. | 81,250 |
| f | Investment management fees | 11,204. | | 11,254. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | 20,722. | 17,614. | 2,072. | 1,036 |
| 12 | Advertising and promotion | | | | |
| 3 | Office expenses | 35,817. | 27,725. | 3,651. | 4,441 1,643 |
| 4 | Information technology | 14,799. | 10,502. | 2,654. | 1,643 |
| 5 | Royalties | | | | |
| 6 | Occupancy | 268,644. | 255,212. | 8,059. | 5,373 |
| 7 | Travel | 40,751. | 25,319. | 8,691. | 6,741 |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 5,716. | 4,457. | 454. | 805 |
| 3 | Insurance | 13,271. | 7,963. | 2,654. | 2,654 |
| 4 | Other expenses. Itemize expenses not covered 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 0.) | | | | |
| а | RESEARCH FEES | 187,542. | 187,542. | | |
| b | DIRECT MAILING EXPENSES | 185,230. | 3,945. | | 181,285 |
| c | STATE REGISTRATION FEES | 4,314. | · | | 4,314 |
| d | | | | | · |
| | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 1,995,725. | 1,394,871. | 164,115. | 436,739 |
| 6 | 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 Figure if following SOP 98-2 (ASC 958-720) | | | | |

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Form 990 (2017)

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AMERICAN COUNCIL ON SCIENCE AND HEALTH

13-2911127 Page 11

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|---|--------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 100. | 1 | 100. |
| | 2 | Savings and temporary cash investments | 308,270. | 2 | 94,245. |
| | 3 | Pledges and grants receivable, net | 8,055. | 3 | 120,801. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ß | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 18,573. | 9 | 33,578. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | | , | | |
| | b | basis. Complete Part VI of Schedule D10a122,137Less: accumulated depreciation10b102,802 | 15,103. | 10c | 19,335. |
| | 11 | Investments - publicly traded securities | 1,628,549. | 11 | 19,335. 996,298. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 76,602. | 15 | 82,602. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,055,252. | 16 | 1,346,959. |
| | 17 | Accounts payable and accrued expenses | 56,259. | 17 | 92,514. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | | |
| lide | | Complete Part II of Schedule L | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | 107,734. | 25 | 150,250. |
| | 26 | Total liabilities. Add lines 17 through 25 | 163,993. | 26 | 242,764. |
| | | Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and | | | |
| ŝ | | complete lines 27 through 29, and lines 33 and 34. | | | |
| nce | 27 | Unrestricted net assets | 1,763,450. | 27 | 943,324. |
| ala | 28 | Temporarily restricted net assets | 127,809. | 28 | 160,871. |
| Б В | 29 | Permanently restricted net assets | | 29 | |
| 'n | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ŗ | | and complete lines 30 through 34. | | | |
| ŝts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ž | 33 | Total net assets or fund balances | 1,891,259. | 33 | 1,104,195. |
| | 34 | Total liabilities and net assets/fund balances | 2,055,252. | 34 | 1,346,959. |

Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

| Form | 990 (2017) AMERICAN COUNCIL ON SCIENCE AND HEALTH | 13- | 2911127 | Pag | _{ge} 12 |
|------|---|-----------|---------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | . <u></u> | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,337 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,995 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -658 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,891 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -128 | 3,48 | 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 | 1,104 | 1,19 | <u>95.</u> |
| 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 | О. | | | |
| 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 reviewed | l 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 separate | e 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 | e 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 Sche | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audi | t | | |
| | Act and OMB Circular A-133? | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audi | t | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | _ | | |

Form **990** (2017)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury

(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. 990 or Form 990-FZ

| | | 1 990 OF FORM | 1990-EZ. | |
|-------------|--------------|----------------|----------------|------------|
| www.ire.gov | /Form990 for | instructions a | and the latest | informatio |

| OMB No. 1545-0047 |
|------------------------------|
| 2017 |
| Open to Public Inspection |

| Interna | Iternal Revenue Service | | ► Go to www.irs.gov | /Form990 for instruction | ons and th | ne latest ir | nformation. | | | Inspection | |
|----------|-------------------------|---|-----------------------|--------------------------|--|----------------------|-----------------------------------|----------------|---------------|------------|-------------------------|
| Nam | e of t | the organizati | on | | | | | | | | ntification number |
| | | | AMER | ICAN COUNC | IL ON SCIENC | E AND | HEALT | TH | | 3-2 | 2911127 |
| Pa | τI | Reason | for Public (| Charity Status | All organizations must co | omplete th | is part.) Se | e instruction | S. | | |
| The o | organ | ization is not a | a private found | lation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | | |
| 1 | | A church, co | nvention of ch | urches, or associatio | n of churches described | l in sectio | on 170(b)(1 | I)(A)(i). | | | |
| 2 | | A school des | cribed in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | | |
| 3 | | A hospital or | a cooperative | hospital service orga | anization described in s | ection 170 |)(b)(1)(A)(ii | i). | | | |
| 4 | | A medical res | search organiz | ation operated in con | njunction with a hospital | described | l in sectio | n 170(b)(1)(A |)(iii). Enter | the h | iospital's name, |
| | | city, and stat | e: | | | | | | | | |
| 5 | | An organizat | ion operated fo | or the benefit of a co | llege or university owned | d or operat | ed by a go | vernmental u | nit describe | ed in | |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | | | - | ntial part of its support f | | | | he general r | oublic | c described in |
| | | - | | omplete Part II.) | | | | | J | | |
| 8 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | |
| 9 | | - | | | in section 170(b)(1)(A)(| - | ed in conii | inction with a | land-grant | colle | ae |
| - | | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or | | | | | | | | | |
| | | university: | | grant concego or agrio | | | name, eny | , and state of | the bollege | | |
| 10 | | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | | | | |
| 10 | | | | | ct to certain exceptions, | | | | | | |
| | | | | | | | | | | | - |
| | | | | | (less section 511 tax) fro | | ses acqui | | Janizalion a | inter J | une 30, 1975. |
| 44 | | | | mplete Part III.) | walk to toot for public oo | fativ Caa | oootion E(| O(a)(4) | | | |
| 11 10 | | 0 | • | | vely to test for public sa | • | | | way out the | | ana of and ar |
| 12 | | - | - | - | vely for the benefit of, to | - | | | - | | |
| | | | | - | d in section 509(a)(1) d | | | | | neck | the box in |
| | _ | - | - | • • | f supporting organization | | - | | • | | |
| а | | | | - | upervised, or controlled | • | - | | | | - |
| | | | - | | gularly appoint or elect a | i majority c | of the direc | tors or truste | es of the su | ippor | ting |
| | | ¬ - | | complete Part IV, Se | | | | | | | |
| b | | | | - | or controlled in connec | | | - | | - | |
| | | | • | | anization vested in the s | ame perso | ns that co | ntrol or mana | ge the supp | orteo | d |
| | | ¬ - | | t complete Part IV, | | | | | | | |
| С | | | - | | g organization operated | | | | lly integrate | d wit | h, |
| | | its support | ed organizatio | n(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | | |
| d | | Type III no | n-functionally | integrated. A supp | porting organization oper | ated in co | nnection w | ith its suppo | rted organiz | ation | ı(s) |
| | | | - | | ation generally must sat | • | | - | d an attentiv | renes | S |
| | | requiremer | nt (see instructi | ions). You must con | nplete Part IV, Sections | s A and D, | and Part | V . | | | |
| е | | Check this | box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | | |
| | | functionally | / integrated, or | r Type III non-functio | nally integrated supporti | ng organiz | ation. | | | _ | |
| f | Ente | er the number | of supported of | organizations | | | | | | | |
| g | | | | n about the supporte | | I (iii) to the error | anization listed | | | | |
| | (| i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your govern | anization listed ing document? | (v) Amount o | - | - | i) Amount of other |
| | | organizatior | 1 | | above (see instructions)) | Yes | No | support (see i | nstructions) | supp | port (see instructions) |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| Tota | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911127 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | | | | | | | | |
|------|---|----------------------|-----------------|-----------------|----------|---------------------|-----------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 985,139. | 2285074. | 1055624. | 1018522. | 1097365. | 6441724. | | | |
| 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 | 985,139. | 2285074. | 1055624. | 1018522. | 1097365. | 6441724. | | | |
| 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) | | | | | | 2111294. | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4330430. | | | |
| | ction B. Total Support | | | | • | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| | Amounts from line 4 | 985,139. | 2285074. | 1055624. | 1018522. | 1097365. | 6441724. | | | |
| | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources | 62,962. | 69,659. | 71,220. | 55,587. | 38,129. | 297,557. | | | |
| 9 | Net income from unrelated business | | - | - | | - | | | | |
| | 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.) | 188. | | 2,000. | 8,333. | | 10,521. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6749802. | | | |
| 12 | | etc. (see instructio | uns) | | | 12 | 105,952. | | | |
| | First five years. If the Form 990 is for | • | , | | | · · · | | | | |
| | organization, check this box and stop | - | | | - | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | | | | |
| | Public support percentage for 2017 (I | | | olumn (f)) | | 14 | 64.16 % | | | |
| | Public support percentage from 2016 | | • | (, , | | 15 | 65.62 % | | | |
| | 33 1/3% support test - 2017. If the o | | | | | ore, check this boy | | | | |
| | stop here. The organization qualifies | | | | | | N 37 | | | |
| b | 33 1/3% support test - 2016. If the o | | - | | | | | | | |
| | and stop here. The organization qual | | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | | |
| | and if the organization meets the "fac | | | | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | | | | |
| h | 10% -facts-and-circumstances test | | | | | | | | | |
| ~ | | - | | | | | | | | |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 18 | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicity supported organization 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) 2017 | | | | | | | | | |

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Schedule A (Form 990 or 990 EZ) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911127 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| 26 | ction A. Public Support | | | | | | |
|-------------|--|---------------------------|----------------------|------------------------|------------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disgualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | _ | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | • Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Public | ic Support Per | centage | | | , , | |
| 15 | Public support percentage for 2017 (| line 8, column (f) di | vided by line 13, o | column (f)) | | 15 | % |
| 16 | Public support percentage from 2016 | Schedule A, Part | III, line 15 | | | 16 | % |
| Se | ction D. Computation of Inves | stment Income | e Percentage | | | , , | |
| 17 | Investment income percentage for 20 | 017 (line 10c, colur | nn (f) divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2016 Schedule A, | Part III, line 17 | | | 18 | % |
| 19 a | a 33 1/3% support tests - 2017. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | e organization qua | lifies as a publicly | supported organization | ation | |
| k | 33 1/3% support tests - 2016. If the | organization did r | ot check a box or | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | anization qualifies | as a publicly suppo | orted organization | |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | | | |
| 7320 | 23 10-06-17 | | | | Sch | edule A (Form 990 |) or 990-EZ) 2017 |
| | | | 15 | 5 | | | |

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Schedule A (Form 990 or 990-EZ) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911127 Page 4 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document 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.)

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|-------------------------|---|----------|-----|---------|
| | | | | Yes | No |
| 11 | Has tl | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below | v, the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described in (a) above? | 11b | | |
| c | A 35% | 6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regula | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax ye | ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | contro | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | descr | ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organ | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part \ | \prime how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 0 | | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | 4 | | |
| Sec | <u>the su</u> tion [| upported organization(s). D. All Type III Supporting Organizations | 1 | | L |
| 000 | | | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | 165 | NU |
| • | | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | - | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| _ | | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 instr | uctions) | | |
| 2 | | ties Test. Answer (a) and (b) below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | | | |
| - | | hese activities constituted substantially all of its activities. | 2a | | |
| b | | he activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | | e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | ns for the organization's position that its supported organization(s) would have engaged in these | 01- | | |
| 2 | | ties but for the organization's involvement. | 2b | | |

Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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3a

3b

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| | dule A (Form 990 or 990-EZ) 2017 AMERICAN COUNCIL ON SCI | | | 13-2911127 Page 6 |
|------|--|---------------|----------------------------|----------------------------------|
| Pa | | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | | | n Part VI.) See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must co | omplete Se | ections 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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-functiona | Illy integrat | ted Type III supporting or | ganization (see |

instructions).

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| Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | anizations (continued) | |
|--------------|---|-------------------------------|--|---|
| <u>Secti</u> | on D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 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 | ne organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| C | From 2014 | | | |
| d | From 2015 | | | |
| e | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| с | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| е | Excess from 2017 | | | |

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|--|
| 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: |
| HONORARIUM REVENUE |
| 2013 AMOUNT: \$ 188. |
| |
| MISCELLANEOUS REVENUE |
| 2015 AMOUNT: \$ 2,000. |
| REIMBURSEMENTS |
| 2016 AMOUNT: \$ 8,333. |
| |
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| |
| 732028 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 |

10460212 756359 1441035.000

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

13-2911127

| | AMERICAN COUNCIL ON SCIENCE AND HEALTH |
|------------------------|--|
| Organization type (che | eck one): |
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | |

| | 527 political organization |
|-------------|---|
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

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

General Rule

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

Special Rules

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successful to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless to the parts unless the total total

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2017)

AMERICAN COUNCIL ON SCIENCE AND HEALTH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 4 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) 723452 11-01-17

Employer identification number

13-2911127

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017.05030 AMERICAN COUNCIL ON SCIEN 14410351

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10460212 756359 1441035.000

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Part I

AMERICAN COUNCIL ON SCIENCE AND HEALTH

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 10 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 50,000. Noncash \$ (Complete Part II for

Employer identification number

13-2911127

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

noncash contributions.)

723452 11-01-17

2017.05030 AMERICAN COUNCIL ON SCIEN 14410351

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10460212 756359 1441035.000

Page 3

Employer identification number

13-2911127

AMERICAN COUNCIL ON SCIENCE AND HEALTH

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17

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10460212 756359 1441035.000

| me of organ | Form 990, 990-EZ, or 990-PF) (2017) ization | | Employer | P identification number |
|--------------------------|---|--|---|------------------------------------|
| | N CONNETT ON COTENCE | | 12 | 0011107 |
| art III | <u>AN COUNCIL ON SCIENCE A</u> Exclusively religious, charitable, etc., cont | ributions to organizations describe | in section 501(c)(7), (8), or (10) that tot | 2911127 al more than \$1,000 fo |
| | the year from any one contributor. Complete completing Part III, enter the total of exclusively religious | columns (a) through (e) and the fol s, charitable, etc., contributions of \$1,000 | DWING line entry. For organizations r less for the year. (Enter this info. once.) S | |
| | Use duplicate copies of Part III if addition | | · · · · · · · · · · · · · · · · · · · | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of | how gift is held |
| | | | | |
| | - | (e) Transfer of g | | |
| - | Transferee's name, address, a | | Relationship of transferor to | transteree |
|) No. rom | (b) Purpose of gift | (c) Use of gift | (d) Description of | how gift is held |
| art I | | | | |
| - | | (e) Transfer of g | ft | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to | transferee |
| - | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of | how gift is held |
| - - | | (e) Transfer of g | | |
| | Transferee's name, address, a | | Relationship of transferor to | transferee |
| - | | | | |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of | how gift is held |
| - | | | | |
| | | (e) Transfer of g | ft | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to | transferee |
| - | | | | |
| 54 11-01-17 | | | Schedule B (Form 99) | D, 990-EZ, or 990-PF) (|

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| SCHEDULE D |) |
|------------|---|
|------------|---|

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





Name of the organization

AMERICAN COUNCIL ON SCIENCE AND HEALTH

Employer identification number 13-2911127

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Acco | unts. Complete if the |
|------------|---|---|---------------|------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | ne 6. | | |
| | - | (a) Donor advised funds | (b) F | unds 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 | writing that the assets held in donor advise | ed 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 a | dvisors in writing that grant funds can be | used only | |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor, or for any other purpose of | conferring | |
| | | | | Yes No |
| Par | t II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, F | 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 e | education) Preservation of a hist | orically imp | oortant land area |
| | Protection of natural habitat | Preservation of a cert | ified histori | ic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form of | of a conser | vation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | a |
| | | | | <u> </u> |
| С | Number of conservation easements on a certified historic structure | ucture included in (a) | 20 | > |
| d | Number of conservation easements included in (c) acquired a | | | |
| | listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by the | organizatio | on during the tax |
| | year 🕨 | | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the per | | | |
| | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cons | ervation ea | sements during the year |
| _ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | aling of violations, and enforcing conservat | lion easeme | ents during the year |
| 8 | \$ | a actist, the requirements of acction 1704 | | |
| 0 | | | | Yes No |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation | | | |
| 3 | include, if applicable, the text of the footnote to the organization | - | | |
| | conservation easements. | tion s intancial statements that describes t | ine organizi | ation's accounting for |
| Par | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or Ot | her Simi | lar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | |
| 1 a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue statem | ent and ba | lance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in furtherar | nce of publ | ic service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement | and baland | e sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | | | |
| | relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • | ▶ \$ |
| | | | | ► \$ |
| 2 | If the organization received or held works of art, historical tre | | | ide |
| | the following amounts required to be reported under SFAS 1 | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ► | • \$ |
| | | | • | ▶ \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | | Schedule D (Form 990) 2017 |
| 732051 | 10-09-17 | 0.5 | | |
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| | | N COUNCIL | | | | | | <u>13-29</u> | | | _{age} 2 |
|------|--|---------------------------------|-----------|-----------------------|-----------------------|------------|-------------------------|--------------|----------------|---------|------------------|
| Par | t III Organizations Maintaining C | | | | | | | | | , | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, chec | k any of the | following that | are a sig | gnificant u | ise of its c | ollection | items | ; |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🖂 | | change progra | | | | | | |
| b | Scholarly research | e | • | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how tł | hey further t | he organizatio | n's exen | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrangereported an amount on Form 990, Par | | ete if th | e organizatio | on answered " | 'Yes" on | Form 990 |), Part IV, | line 9, or | | |
| 1a | Is the organization an agent, trustee, custodi on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on Fe | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | if the organization ar | nswered | l "Yes" on Fo | orm 990, Part | IV, line 1 | 0. | | | | |
| | | (a) Current year | (b) l | Prior year | (c) Two year | rs back | (d) Three y | years back | (e) Fou | r years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| 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 curr | | e (line 1 | g, column (a | l)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation tha | at are held a | nd administer | ed for the | e organiza | ation | | | |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as requir | red on S | Schedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment | funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part I | V, line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or c basis (investr | | | t or other (other) | • • | ccumulate preciation | | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| с | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 12 | 2,137. | 1 | LO2,8 | 02. | 1 | 9,3 | 35. |
| | Other | | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990. Part | X. colur | <u>mn (B), line 1</u> | 0c.) | | | | 1 | 9,3 | 35. |
| | | | | | | | | Schedule | D (Earn | - 000) | 2017 |

Schedule D (Form 990) 2017

732052 10-09-17

| Schedu | le D (Form 990) 2017 | AMERICAN CO | UNCIL ON | SCIEN | ICE AND H | IEALTH | 13- | 2911127 | Page 3 |
|---------------|--------------------------------|-----------------------------------|------------------|--------------|----------------------|-------------------|---------------|------------------|--------|
| Part | VII Investments - | Other Securities. | | | | | | | |
| | | anization answered "Yes" | | | | | | | |
| (a) De | scription of security or categ | JOTY (including name of security) | (b) Book va | lue | (c) Method | of valuation: C | cost or end-o | of-year market v | alue |
| • • | | | | | | | | | |
| (2) Clos | sely-held equity interests | | | | | | | | |
| (3) Oth | er | | | | | | | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| (F) | | | | | | | | | |
| (G) | | | | | | | | | |
| <u>(H)</u> | | | | | | | | | |
| Total. (C | ol. (b) must equal Form 990 |), Part X, col. (B) line 12.) | | | | | | | |
| Part | VIII Investments - | - | | | | | | | |
| | | anization answered "Yes" | | | 11c. See Form 9 | 90, Part X, line | 13. | <u>(</u> | |
| | (a) Description of | Investment | (b) Book va | lue | (c) Method | of valuation: C | ost or end-o | of-year market v | alue |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| Part | |), Part X, col. (B) line 13.) 🕨 | | | | | | | |
| . are | | anization answered "Yes" | | t IV line 1 | 1d See Form 9 | 00 Part X line | 15 | | |
| | Complete if the org | | Description | t iv, into i | | 50, 1 art X, inte | / 10. | (b) Book va | alue |
| (1) | SECURITY DEP | | <u> </u> | | | | | | ,602. |
| (2) | | 00110 | | | | | | | , |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| | Column (b) must equal Ec | orm 990, Part X, col. (B) line | 15) | | | | | 82 | ,602. |
| Part | | S. | , 10., | | | | | | • |
| | Complete if the org | anization answered "Yes" | on Form 990, Par | t IV, line 1 | 1e or 11f. See F | Form 990, Part | X, line 25. | | |
| 1. | | escription of liability | , | | b) Book value | | , | | |
| | Federal income taxes | | | | | | | | |
| | DEFERRED REN | T LIABILITY | | | 150,25 | 0. | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| | Column (b) must equal Fo | orm 990, Part X, col. (B) line | e 25.) | | 150,25 | 0. | | | |
| | ., . | sitions. In Part XIII, provide | , | otnote to | | | tements that | t reports the | |
| | • | certain tax positions under | | | - | | | - | |

Schedule D (Form 990) 2017

732053 10-09-17

| Sche | edule D (Form 990) 2017 AMERICAN COUNCIL ON SCIENCE AND HE | | | 2911127 | Page 4 |
|--|---|----------------|--------------|--|------------------------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Re | evenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,197, | ,407. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | -128,486. | | | |
| b | Donated services and use of facilities 2b | | | | |
| с | | | | | |
| d | | | | | |
| е | | | 2e | -128, | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,325, | ,893. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 11,254. | | | |
| b | Other (Describe in Part XIII.) | | | | |
| с | | | 4c | 11, | ,254. |
| - | Total revenue Add lines 2 and 4 Trian in 15 and 5 (1) | | 5 | 1,337, | 1/7 |
| | | | | | <u>, _ = / •</u> |
| | rt XII Reconciliation of Expenses per Audited Financial Statements With E | | | | , / • |
| | | | | | , / • |
| | rt XII Reconciliation of Expenses per Audited Financial Statements With E | Expenses per F | | | |
| Pa | Int XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | Expenses per F | Retur | n. | |
| Pa 1 | Image: Art XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | Expenses per F | Retur | n. | |
| Pa 1 2 | Int XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | Expenses per F | Retur | n. | |
| Pa 1 2 a | Int XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | Expenses per F | Retur | n. | |
| Pa 1 2 a | Int XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | Expenses per F | Retur | n. | |
| Pa 1 2 b c d | Image: Note of the construction of the construction of the construction answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c Other losses 2c Other (Describe in Part XIII.) | xpenses per F | Retur | n. <u>1,984</u> , | , <u>471.</u> 0. |
| Pa 1 2 b c d | Image: Note of the system o | xpenses per F | 1 | n. | , <u>471.</u> 0. |
| Pa 1 2 a b c d e | Image: Note of the construction of the construction of the construction answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c Other losses 2c Other (Describe in Part XIII.) | xpenses per F | 1 2e | n. <u>1,984</u> , | , <u>471.</u> 0. |
| Pa 1 2 b c d 3 | Image: Note of the state o | xpenses per F | 1 2e | n. <u>1,984</u> , | , <u>471.</u> 0. |
| Pa 1 2 a b c d e 3 4 | Image: Note of the state o | xpenses per F | 1 2e | n. <u>1,984</u> , | , <u>471.</u> 0. |
| Pa 1 2 a b c d e 3 4 a b | Image: Note of the state o | 11,254. | 1 2e | n. <u>1,984</u> , <u>1,984</u> , | , <u>471.</u> 0. |
| Pa 1 2 a b c d a b c d b c 3 4 b c 5 | Image: Note of the state o | Expenses per F | 1 2e 3 | n. <u>1,984</u> , <u>1,984</u> , | <u>,471.</u> <u>0.</u> ,471. |

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

PART X, LINE 2:

| THE COUNCIL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY | |
|--|--|
| ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT IS NOT AWARE OF ANY | |
| EXPOSURE TO UNCERTAIN TAX POSITIONS THAT REQUIRE FINANCIAL STATEMENT | |
| RECOGNITION OR DISCLOSURE. THE COUNCIL IS NO LONGER SUBJECT TO | |
| EXAMINATIONS BY THE FEDERAL GOVERNMENT FOR PERIODS ENDING ON OR PRIOR TO | |
| JUNE 30, 2015. | |
| | |

732054 10-09-17

10460212 756359 1441035.000

| (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | mental Information Regarding if the organization answered "Yes" or organization entered more than \$ ► Attach to Form 99 ► Go to www.irs.gov/Form990 | n Form 9 15,000 d 0 or Fo | 990, F on For rm 99 | Part IV, line 17, 18, o m 990-EZ, line 6a. 0-EZ. | r 19, or if the _ | OMB No. 1545-0047 |
|---|--|---|--|---|--|-------------------------------|
| Name of the organization AMERI | CAN COUNCIL ON SCIEN | ICE 2 | AND | HEALTH | Employer 13-291 | dentification number .1127 |
| Part I Fundraising Activit required to complete this | es. Complete if the organization answ part. | ered "Y | es" or | n Form 990, Part IV, I | line 17. Form 990- | EZ filers are not |
| a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writkey employees listed in Form 99 | tions f Solicit g Special ren or oral agreement with any individual 0, Part VII) or entity in connection with p individuals or entities (fundraisers) purs | ation of ation of al fundra al (incluc orofessi | non-g gover aising o ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | X | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have ci or con contribu | aiser ustody itrol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained b fundraiser listed in col. (i) | y) to (or retained by) |
| CLEARWORD COMMUNICATIONS | CONSULTS ON DIRECT MAIL | Yes | No | 202 482 | co. 00 | 0 232 483 |
| GROUP, INC 9994 SOWDER | PROGRAM | | x | 292,483. | 60,00 | 0. 232,483. |
| A.C. FITZGERALD & ASSOCIATES, LLC - P.O. BOX 321012, | STRATEGIC FUNDRAISING COUNSEL | | x | 0. | 21,25 | 021,250. |
| | | | | | | |
| Total | | <u></u> | | 292,483. | 81,25 | 0. 211,233. |
| or licensing. | zation is registered or licensed to solicit | | | | | - |
| PA, RI, SC, TN, UT, VA, W | | ,_ | ,. | | ,,,, | ,,, |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

| | (Form 990 or 990-EZ) 2017 | | | | | | | | |
|---------|---------------------------|-------------------|------------------|-------|-----------------|----------|------------------|----------------------------|-----|
| Part II | Fundraising Events. | Complete if the o | rganization answ | wered | "Yes" on Form 9 | 990, Pai | t IV, line 18, o | r reported more than \$15, | 000 |

of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | or furfulaising event contributions and gro | | | venta with gross receipt | is greater than \$5,000. |
|-----------------|------|--|-----------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| ŝ | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| _ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin | . , | | 📘 | |
| Pa | rt I | II Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Be | 1 | Gross revenue | | | | |
| ő | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | I | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu- | | | | |
| | | he organization licensed to conduct gaming ac | tivities in each of these s | states? | | Yes No |
| b | lt " | No," explain: | | | | |
| | _ | | | | | |
| 10a | We | re any of the organization's gaming licenses re | voked, suspended, or te | rminated during the tax y | /ear? | Yes No |
| b | lf " | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 7000 | ~ ^^ | -13-17 | | | Schedule G (Fo | rm 990 or 990-EZ) 2017 |

| b the opparization a grantor, beneficiary of trustee of a trust, or a member of a pathnership or other entity formed is obtaining the trutted by gaming activity conducted in: | | edule G (Form 990 or 990-EZ) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2 Does the organization conduct gaming activities with nonmembers? | | Yes | |
|--|------------------------------------|--|----------|--------|---------|
| a demonstreter charateline gamming? Yes N: in the organization tability 13a 13a b A outdict testing version of the person who prepares the organization's gaming/spoceal events books and records: Name Address | 12 | | | 162 | |
| Indicate the percentage of gaming activity conducted in: I to cognization facility I to cognization facility I to cognization server a contract with a third party from whom the organization receives gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of gaming revenue received by the organization is a mount of gaming revenue? I the anount of distributions: I as the organization required under state law to make chartable distributions from the gaming proceeds to retent ne state gaming lense? I the anount of distributions. I additional information. I be there the annount of distributions. Frewide the explanations required by Part I, ins 2b, columns (ii) and (b) and Part III, line 9, 0b, 10b, 15b, 156, 16a, et Tb, a papelable. Also provide any additional information. See instructions. I additional information. See instructions. I additional information. I add | | | | Yee | |
| a The argunzation's facility | 13 | | | 163 | |
| b An outdate facility | | | 13a | | |
| Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name \ | | | | | |
| Address | | | | • | |
| a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b # "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶ | | Name | | | |
| a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b # "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party: Name > | | Address | | | |
| of gaming evenue retained by the third party ▶\$ | 15a | | . 🗆 | Yes | |
| of gaming evenue retained by the third party ▶\$ | b | If "Yes." enter the amount of gaming revenue received by the organization b \$ and the amount | | | |
| <pre>c If 'Yes,' enter name and address of the third party: Name ▶</pre> | | | | | |
| Address > | с | | | | |
| Address > | | Name | | | |
| Gaming manager information: Name ▶ | | | | | |
| Gaming manager compensation \$ \$ Description of services provided \$ Director/officer | 16 | | | | |
| Gaming manager compensation \$ \$ Description of services provided \$ Director/officer | | Name ► | | | |
| Description of services provided ▶ | | | | | |
| □ Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributed to other exempt organizations or spent in the organizations on exempt activities during the tax year >> s Image: State in the state gaming license? Image: State in the state gaming proceeds to retain the state gaming license? Image: State in the state gaming license? Image: State in the state gaming license? Image: State in the organizations or spent in the organizations or sequired under state law to be distributed to other exempt organizations or spent in the organizations or some exempt activities during the tax year >> s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: CL) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC. E) ADDRESS OF FUNDRAISER: 204 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 CL) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC CL) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 CMEMORY OF 990-E2701 | | Gaming manager compensation > | | | |
| □ Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributed to other exempt organizations or spent in the organizations or sequired under state law to be distributed to other exempt organizations or spent in the organizations or some exempt activities during the tax year >> s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: CL) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC. E1) ADDRESS OF FUNDRAISER: C2) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC E1) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC E2) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 | | Description of services provided | | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17 | | | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: L) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC. L) ADDRESS OF FUNDRAISER: 294 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 L) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC L) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 203 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | Yes | |
| art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: L) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC. L) ADDRESS OF FUNDRAISER: 094 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 L) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC L) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 | b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: L) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC. L) ADDRESS OF FUNDRAISER: 294 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 L) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC L) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 | | organization's own exempt activities during the tax year 🕨 \$ | | | |
| I) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC. I) ADDRESS OF FUNDRAISER: 294 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 I) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC I) NAME OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 203 09-13-17 | D - | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lir | - | | |
| I) ADDRESS OF FUNDRAISER: 994 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 I) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC I) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | Ра | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | ies 9, 9 | 9b, 10 | b, 15b, |
| I) ADDRESS OF FUNDRAISER: 994 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 I) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC I) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | _ | | | 9b, 10 | b, 15b, |
| 994 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 () NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC () ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | _ | | | 9b, 10 | b, 15b, |
| I) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC I) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | SC: | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS | | 9b, 10 | b, 15b, |
| L) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | SC: | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS | | 9b, 10 | b, 15b, |
| L) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | 5C: (I | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.) ADDRESS OF FUNDRAISER: | | 9b, 10 | b, 15b, |
| 083 09-13-17 Schedule G (Form 990 or 990-EZ) 201 33 | SC: (I (99 | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.) ADDRESS OF FUNDRAISER: 94 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109 | | 9b, 10 | b, 15b, |
| 33 | <u>SC:</u> (I (1 99 (I | <pre>HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.) ADDRESS OF FUNDRAISER: 94 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC</pre> | : | 9b, 10 | b, 15b, |
| | SC: (I (99 | <pre>HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.) ADDRESS OF FUNDRAISER: 94 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC</pre> | : | 9b, 10 | b, 15b, |
| (A + A + A + A + A + A + A + A + A + A + | SC: (I (I (I (I | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.) ADDRESS OF FUNDRAISER: 94 SOWDER VILLAGE SQUARE, #550, MANASSAS, VA 20109) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC) ADDRESS OF FUNDRAISER: P.O. BOX 321012, ALEXANDRIA, VA 22320 33 09-13-17 | : | | |

Schedule G (Form 990 or 990-EZ) AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911127 Page 4

PART I, LINE 2B, COLUMN (V):

CLEARWORD COMMUNICATIONS GROUP, INC.:

ASSIST ACSH WITH THE PLANNING, MANAGING, SUPERVISION AND CREATIONS OF A

SERIES OF DIRECT MAIL EDUCATION CAMPAIGN PACKAGES DESIGNED TO EXPAND

ACSH'S OUTREACH AND BUILD ACSH INDIVIDUALS/FAMILY FOUNDATION GIVING DONOR

BASE. SERVICES INCLUDE LETTER WRITING AND OVERSEEING LIST BROKERING AND

EXCHANGES FOR PROSPECTING.

ACSH PAYS CLEARWORD COMMUNICATIONS A MONTHLY RETAINER OF \$5,000 PER MONTH PLUS AN ADDITIONAL FEE OF THIRTY DOLLARS PER THOUSAND PIECES MAILED (\$30/M) FOR PROSPECT CONTINUATION.

A.C. FITZGERALD & ASSOCIATES, LLC:

PROVIDE STRATEGIC COUNSEL AND NONPROFIT MANAGEMENT GUIDANCE TO HELP ACSH WITH ITS FOUNDATION FUNDRAISING EFFORTS THROUGH TARGETED RESEARCH, STRATEGY DEVELOPMENT, AND WRITING SERVICES.

ACSH PAYS A.C. FITZGERALD & ASSOCIATES, LLC A MONTHLY RETAINER OF \$4,250 PER MONTH. ACF&A WILL BE RESPONSIBLE FOR ALL EXPENSES REQUIRED FOR THE PERFONNANCE OF THE CONTRACTUAL SERVICES, EXCEPT FOR ALL PRE-APPROVED TRAVEL AND PRODUCTION COSTS WHICH WILL BE THE RESPONSIBILITY OF ACSH. ACF&A SHALL SUBMIT AN ITEMIZED STATEMENT OF THESE EXPENSES ALONG WITH THE MONTHLY INVOICE.

Schedule G (Form 990 or 990-EZ)

732084 04-01-17

| sc | HEDULE J Compensation Information | I | OMB No. | 1545-004 | 47 |
|-----|--|-----------|--------------|----------|--------|
| (Fo | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 47 | , |
| • | Compensated Employees | | ZU | 1/ | |
| _ | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | Open to | Publ | ic |
| | tment of the Treasury Attach to Form 990. al Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | |
| Nan | | ployer ic | lentificatio | on nui | nber |
| | AMERICAN COUNCIL ON SCIENCE AND HEALTH | 13-2 | 91112 | 7 | |
| Pa | rt I Questions Regarding Compensation | | | | |
| | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | , | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or charter travel Housing allowance or residence for personal u | JSE | | | |
| | Travel for companions Payments for business use of personal resider | nce | | | |
| | Tax indemnification and gross-up payments | | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, c | ;hef) | | | |
| | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | | | 1 b | Х | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | Х | |
| | | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization' | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | C | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation committee Written employment contract | | | | |
| | Independent compensation consultant | | | | |
| | X Form 990 of other organizations X Approval by the board or compensation comm | nittee | | | |
| | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| | organization or a related organization: | | | | |
| а | Receive a severance payment or change-of-control payment? | | | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | |
| | contingent on the revenues of: | | _ | | 77 |
| | The organization? | | | | X X |
| b | Any related organization? | | . <u>5b</u> | | |
| - | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | |
| | contingent on the net earnings of: | | | | v |
| | The organization? | | | | X X |
| b | Any related organization? | | . <u>6b</u> | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | _ | | v |
| - | not described on lines 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | - | | v |
| ~ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section 53.4958-6(c)? | <u> </u> | . 9 | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedu | ule J (Forn | n 990) | 2017 |

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| Schedule J (Form 990) 2017 AMERICAN | CA | N COUNCIL C | ON SCIENCE | AND HEALTH | I 13-2911127 | 127 | | Page 2 |
|--|----------|--|--|---|---------------------------|------------------------|--------------------------------|---|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed | oldm | yees, and Highest C | ompensated Emplo | yees. Use duplica | te copies if additional s | space is needed. | - | |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. | orm S | oorted on Schedule J 990, Part VII. | , report compensatic | on from the organize | ttion on row (i) and fror | n related organization | s, described in the instr | uctions, on row (ii). |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. | ed inc | lividual must equal th | le total amount of Fo | ırm 990, Part VII, Se | ction A, line 1a, applic | able column (D) and (F | E) amounts for that individual | vidual. |
| | | (B) Breakdown of ¹ | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | (n)-(i)(a) | reported as deferred on prior Form 990 |
| (1) HENRY CAMPBELL | Ξ | 223,317. | .0 | 470. | .0 | 11,364. | 235,151. | 0 |
| PRESIDENT | (ii) | .0 | 0. | 0. | .0 | • 0 | 0. | 0. |
| | 9 | | | | | | | |
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| Schedule J (Form 990) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH | 13-2911127 | Page 3 |
|--|--------------------------------------|-----------|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | part for any additional information. | |
| PART I, LINE 1A: | | |
| THE ORGANIZATION PROVIDES REIMBURSEMENT OF UP TO \$800 PER YEAR PER FULLTIME | | |
| EMPLOYEE FOR A HEALTH CLUB MEMBERSHIP, WHICH WERE TREATED AS TAXABLE BY THE | | |
| ORGANIZATION. | | |
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| | Schedule J (Form 990) 2017 | 990) 2017 |

| SCHEDULE L (Form 990 or 990-EZ) Cor | mplete if the o | 28b, or 28c, o | swered or Forr ich to I | d "Yes n 990- Form 9 | " on For EZ, Part 990 or Fo | n 990, Part V, line 38a orm 990-E2 | t IV, i or 4 Z. | line 25a, 25b, 2 10b. | 6, 27, | 28a, | 0 | 20 | 1545-00 1 o Pub | 7 |
|--|--|---|-------------------------------|----------------------------|-----------------------------------|--|-----------------------|-----------------------------|----------|---------------|------------------------|-------------------|------------------------------|-------------------|
| Name of the organization | | www.ii 5.900/FC | 5111990 | | ISUUCIO | | ate | st information. | Em | oloyer | ident | • | | mber |
| AM | ERICAN (| COUNCIL | ON S | SCIE | ENCE | AND HE | EAL | TH | 13 | -29 | 111 | | | |
| Part I Excess Benefi | t Transactio | ons (section 50 | 01(c)(3) |), secti | on 501(c | (4), and 50 | 1(c)(| 29) organization | s only) | | | | | |
| Complete if the org | | | | | | 25a or 25b | o, or | Form 990-EZ, Pa | art V, I | ine 40 | b. | ()) | | |
| (a) Name of disqualified per | rson (b) H | lelationship betv person and or | | | Ified | (0 | c) De | escription of tran | sactio | 'n | | | es | ected? No |
| | | | - | | | | | | | | | <u> </u> | | 110 |
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| | | | | | | | | | | | | + | | |
| 2 Enter the amount of tax inc | curred by the or | rganization man | agers o | or disq | ualified p | ersons duri | ing t | he year under | | | | | | |
| | | | | | | | | | | ► \$ | | | | |
| 3 Enter the amount of tax, if a | any, on line 2, a | above, reimburs | ed by t | the org | ganizatio | ۱ ۱ | | | | ▶ \$ | | | | |
| Part II Loans to and/o | or From Inte | erested Pers | sons. | | | | | | | | | | | |
| Complete if the org | ganization answ | vered "Yes" on I | Form 9 | 90-EZ, | , Part V, I | ne 38a or F | orm | 990, Part IV, lin | e 26; d | or if th | e orga | nizatio | on | |
| reported an amoun | | | 1 | | | | | | | | (1-) / 0 | nrovod | 1 | |
| | b) Relationship vith organization | (c) Purpose of loan | from | an to or 1 the | | Driginal al amount | (f) | Balance due | |) In ault? | (h) Ap by bo | ard or | | Vritten ement? |
| | in organization | oriouri | <u> </u> | zation? From | princip | | | | Yes | No | comm Yes | No | Yes | 1 |
| | | | | TIOIII | | | | | 103 | | 103 | | 103 | |
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| Fotal | | | | | | ▶ \$ | | | | | | | | |
| Part III Grants or Assi | stance Ben | efiting Inter | estec | Per | sons. | Φ | | | | | | | | |
| Complete if the org | ganization answ | vered "Yes" on F | Form 9 | 90, Pa | irt IV, line | 27. | | | | | | | | |
| (a) Name of interested per | rson (| b) Relationship interested pers the organiza | son and | | | Amount of sistance | | (d) Type assistan | | | • |) Purp assista | ose o ance | f |
| | | J | - | | | | | | | | | | | |
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| Schedule L (Form 990 or 990-EZ) 2017 AMERI | | E AND HEAL | <u>rh 13-2911</u> | 127 | Page 2 |
|--|--|------------------------------|--------------------------------|------------------------------------|---------------|
| Part IV Business Transactions Invol | • | | | | |
| (a) Name of interested person | d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | |
| | | | | Yes | No |
| ION PUBLICATIONS LLC | OWNED BY ACSH PRESI | 50,000. | WEBSITE DEV | | X |
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| Part V Supplemental Information | • | | • | | |
| Provide additional information for res | conses to questions on Schedule L (see in | nstructions). | | | |
| SCH L, PART IV, BUSINESS | TRANSACTIONS INVOLVIN | G INTERESTE | D PERSONS: | | |
| (A) NAME OF ORGANIZATION: | ION PUBLICATIONS LLC | | | | |
| (B) RELATIONSHIP BETWEEN : | INTERESTED PERSON AND | ORGANIZATI | ON: OWNED B | Y | |
| ACSH PRESIDENT - HENRY CAI | MPBELL | | | | |
| (D) DESCRIPTION OF TRANSAG | CTION: WEBSITE DEVELO | PMENT SERVI | CE THAT | | |
| PROMOTES ACSH.ORG AND INC | REASES TRAFFIC TO THE | WEBSITE. | | | |
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Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



AMERICAN COUNCIL ON SCIENCE AND HEALTH

13-2911127

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

FOUNDED IN 1978 THE AMERICAN COUNCIL ON SCIENCE AND HEALTH (ACSH) IS A

NATIONAL, NON-PROFIT, TAX-EXEMPT 501(C)(3) CONSUMER HEALTH EDUCATION

AND ADVOCACY ORGANIZATION BASED IN NEW YORK CITY.

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

ACSH'S MISSION IS TO ENSURE THAT PEER-REVIEWED, EVIDENCE-BASED SCIENCE

REACHES THE PUBLIC, THE MEDIA, AND THE DECISION-MAKERS WHO DETERMINE

PUBLIC POLICY. OUR OBJECTIVE IS TO RESTORE SCIENCE AND COMMON SENSE TO

PERSONAL AND PUBLIC HEALTH DECISIONS, IN ORDER TO FOSTER A

SCIENTIFICALLY SOUND AND SENSIBLE PUBLIC HEALTH POLICY FOR THE AMERICAN

PEOPLE. ACSH IS COMMITTED TO IMPROVING COMMUNICATION AND DIALOGUE

BETWEEN THE SCIENTIFIC/MEDICAL COMMUNITY AND THE PUBLIC, AND THE MEDIA,

IN AN EFFORT TO ENSURE THAT THE COVERAGE OF HEALTH ISSUES IS BASED ON

SCIENTIFIC FACTS - NOT HYPERBOLE, EMOTION AND IDEOLOGY.

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

WITH LIKE-MINDED INSTITUTIONS AND ORGANIZATIONS; PROVIDING ORAL AND

WRITTEN TESTIMONY AT REGULATORY AND LEGISLATIVE HEARINGS AND FORUMS;

HOSTING SOCIAL MEDIA PORTALS AND CHANNELS ON YOUTUBE, TWITTER AND

FACEBOOK.

HIGHLIGHTS OF THE 2018 FISCAL PERIOD:

1) PUBLISHED AND DISTRIBUTED THE BOOK THE NEXT PLAGUE AND HOW SCIENCE

WILL STOP IT.

2) PUBLISHED AND DISTRIBUTED TWO ISSUES OF PRIORITIES MAGAZINE.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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 09-07-17

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| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization AMERICAN COUNCIL ON SCIENCE AND HEALTH | Page 2 Employer identification number 13-2911127 |
|--|--|
| 3) PUBLISHED MORE THAN 1,500 ARTICLES ON OUR WWW.ACSH.ORG | WEBSITE. IN |
| FY 2018, OUR WEBSITE HAD MORE THAN 3.2 MILLION VISITORS AN | ID MORE THAN |
| 5.1 MILLION PAGE VIEWS. PUBLISHED MORE THAN 250 ISSUES OF | OUR DISPATCH |
| DAILY E-NEWSLETTER THAT IS READ BY MORE THAN 14,000. | |
| 4) PROMOTED ITS SCIENTIFIC CONCLUSIONS ON CURRENT PUBLIC H | IEALTH TOPICS |
| RELATED TO FOOD AND NUTRITION, CHEMICALS AND THE ENVIRONME | ENT, BIOLOGY |
| AND BIOTECH, HEALTH AND MEDICINE, HARM REDUCTION, DISEASE, | NEUROSCIENCE |
| AND SOCIAL SCIENCES, PARENTS AND KIDS. | |
| 5) PARTNERED WITH ORGANIZATIONS TO REACH BROADER AUDIENCES | 5, SUCH AS: |
| AMERICAN ACTION FORUM, ATLANTIC LEGAL FOUNDATION, ATLAS OB | SCURA |
| REAL/FAKE SCIENCE CONFERENCE, BRAINBAR, CATO INSTITUTE, CE | INTER FOR |
| EXCELLENCE IN EDUCATION, CITY COLLEGE OF NEW YORK, COMPETI | TIVE |
| ENTERPRISE INSTITUTE, COUNCIL ON NATIONAL POLICY, FORDHAM | UNIVERSITY, |
| GOLDMAN SACHS WELLNESS GROUP, INDEPENDENT WOMEN'S FORUM, I | INTERNATIONAL |
| ASSOCIATION FOR FOOD PROTECTION, INTERNATIONAL FILM FESTIV | AL AND FORUM |
| ON HUMAN RIGHTS, JEWISH FAMILY AND CHILDREN'S SERVICES OF | SOUTHERN JEW |
| JERSEY, MILKEN INSTITUTE FUTURE OF HEALTH SUMMIT, MISS AME | ERICA'S |
| OUTSTANDING TEEN COMPETITION, NATIONAL ASSOCIATION OF SCHO | LARS, NORTH |
| PENN-LIBERTY HIGH SCHOOL, PERSPECTIVES IN CANCER PREVENTIC |)N |
| (SWITZERLAND), SUSAN G. KOMEN FOUNDATION, WISTAR INSTITUTE | E, AND THE |
| WORLD BANK. | |
| 6) PUBLISHED NUMEROUS HEALTH AND SCIENCE EDITORIALS AND CC | MMENTARIES IN |
| MAJOR, POPULAR NEWSPAPERS AND ONLINE JOURNALS READ BY MILL | IONS, SUCH AS |
| THE WALL STREET JOURNAL, FORBES.COM, BLOOMBERG BUSINESS WE | EK, THE NEW |
| YORK TIMES, THE WASHINGTON POST, THE WASHINGTON TIMES, NEW | VYORK POST, |
| LOS ANGELES TIMES, CHICAGO TIMES, BOSTON GLOBE, NATIONAL R | REVIEW ONLINE, |
| AND OTHERS. | |
| 7) APPEARED ON RADIO AND TV MEDIA TO PUBLICIZE ACSH'S SCIE 732212 09-07-17 Scher 41 | ENTIFIC dule O (Form 990 or 990-EZ) (2017) |

⁴¹ 2017.05030 AMERICAN COUNCIL ON SCIEN 14410351

| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
|---|---|
| Name of the organization AMERICAN COUNCIL ON SCIENCE AND HEALTH | Employer identification number 13-2911127 |
| POSITIONS ON PROGRAM SUCH AS THE "MICHAEL MEDVED SHOW", " | THE BIG |
| PICTURE SCIENCE SHOW ", FOX NEWS, NATIONAL PUBLIC RADIO, " | HAMMER AND |
| NIGEL SHOW", "SMITH AND SABATINO SHOW", BRITISH BROADCASTI | NG |
| CORPORATION, CANADIAN BROADCASTING CORP., AND OTHERS. | |
| 8) OUR EXPERTS MET WITH POLICYMAKERS IN THE EXECUTIVE AND | LEGISLATIVE |
| BRANCHES OF THE FEDERAL GOVERNMENT INCLUDING: DEPARTMENT O | F HEALTH AND |
| HUMAN SERVICES, HOUSE COMMITTEE ON SCIENCE, SPACE AND TECH | NOLOGY, |
| PRESIDENT'S COUNCIL ON SPORT FITNESS AND NUTRITION, THE | |
| ADMINISTRATION'S SENIOR HEALTH POLICY ADVISOR, WHITE HOUSE | PHYSICIAN, |
| AND OTHERS. IN ADDITION, WE TESTIFIED BEFORE AGENCY PANELS | AND |
| CONGRESSIONAL COMMITTEES INCLUDING: COMMITTEE ON SMALL BUS | INESS, FOOD |
| AND DRUG ADMINISTRATION, HOUSE COMMITTEE ON SCIENCE, SPACE | AND |
| TECHNOLOGY, NATIONAL CANCER INSTITUTE, NATIONAL INSTITUTES | OF HEALTH, |
| AND OTHERS. | |
| 9) PROMOTED ACSH'S CONCLUSION VIA SOCIAL MEDIA AND INTERNE | T OUTREACH |
| ACTIVITIES THAT REACH MILLIONS OF ONLINE USERS VIA ACSH.OR | G WEBSITE; |
| OUR DAILY DISPATCH NEWS BRIEFS; THE DISTRIBUTION OF INFORM | ATIVE VIDEO |
| COMMENTARIES; AN ACSH YOUTUBE CHANNEL "MATTER OF FACTS;" F | ACEBOOK PAGES |
| (THE GENERAL ACSHORG PAGE AND OTHERS RELATED TO VACCINE AN | D |
| IMMUNIZATIONS, FRACKING, EATING WITHOUT FEAR, WOMEN'S HEAL | TH, AND |
| HELPING ADDICTED SMOKERS.) WITH 873,000 REACH; AND TWITTER | - WHERE WE |
| ADDRESS A BROAD RANGE OF ISSUES RELATED TO FOOD, PHARMACEU | TICALS, |
| CHEMICALS, LIFESTYLE, SCIENCE, TECHNOLOGY AND THE ENVIRONM | ENT AS THEY |
| RELATE TO HUMAN HEALTH WITH MORE THAN 1.5 MILLION IMPRESSI | ONS. |
| | |

THE THREE LARGEST PROGRAMS USED TO PROMOTE ACSH'S SCIENTIFIC AND

EDUCATIONAL PROGRAMS, AND SCIENTIFIC RESEARCH TO THE PUBLIC INCLUDE:

 1) ACSH'S EDUCATIONAL WEBSITE AND SOCIAL MEDIA OUTREACH PROGRAMS.

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 Schedule O (Form 990 or 990-EZ) (2017)

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| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 | |
|---|---|--|
| Name of the organization AMERICAN COUNCIL ON SCIENCE AND HEALTH | Employer identification number 13-2911127 | |
| ACSH.ORG LOGGED ALMOST 3 MILLION VISITORS, TRIPLING THE NU | MBER OF | |
| VISITORS FOR LAST YEAR. OTHER SOCIAL MEDIA PLATFORMS HAVE | CONTINUE TO | |
| GROW EXPONENTIALLY SUCH AS FACEBOOK (WE'VE INCREASED OUR L | IKES), | |
| TWITTER (OUR ACSH ACCOUNT FOLLOWERS ARE UP), AND YOUTUBE (30 TO 40 | | |
| PERCENT OF OUR VIDEOS GET BETWEEN 3,000-8,000 VIEWS, PLACE | NG THEM IN | |
| THE TOP 20 PERCENT OF VIDEOS WORLDWIDE), DISPATCH, ACSH'S | DAILY | |
| ELECTRONIC NEWS BULLETIN THAT PROVIDES SCIENTIFIC PERSPECT | IVE ON THE | |
| MOST CURRENT, URGENT, BREAKING HEALTH NEWS, EVENTS, STUDIE | S AND/OR | |
| TECHNOLOGIES INCREASED ITS SUBSCRIPTIONS. | | |
| 2) THE PUBLICATION AND DISTRIBUTION OF INFORMATIVE BROCHURES, REPORTS | | |
| AND PEER-REVIEWED BOOKS. ALL ACSH PUBLICATIONS, BROCHURES | , ARTICLES, | |
| ACTIVITIES, POSITIONS STATEMENTS AND CONTENT ARE ALSO MADE | AVAILABLE | |
| FOR FREE DOWNLOAD VIA THE ACSH WEBSITE AND SOCIAL MEDIA PO | RTALS, WHICH | |
| ARE UPDATED DAILY. | | |
| 3) MAINTAINING AN AGGRESSIVE DIRECT TO CONSUMER OUTREACH P | ROGRAM BY | |
| MAIL THAT PROMOTES ACSH RESEARCH (THROUGH LIST SHARING AND | EXCHANGES | |
| WITH LIKE-MINDED INSTITUTIONS) TO INDIVIDUALS AND FOUNDATI | ONS NOT | |
| PREVIOUSLY FAMILIAR WITH OUR WORK, AND THEREBY BUILDING A | LARGER | |
| AUDIENCE. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 11B: | | |
| A COPY OF THE DRAFT FORM 990 WILL BE SHARED WITH THE ACSH | AUDIT/FINANCE | |
| COMMITTEE AND SENT BY EMAIL TO EACH MEMBER OF THE BOARD OF | TRUSTEES FOR | |
| REVIEW. TRUSTEES WILL BE GIVEN 7 BUSINESS DAYS FROM THE DA | TE OF EMAIL TO | |
| SUBMIT ANY QUESTIONS, COMMENTS, AND/OR CHANGES CONCERNING | THE FORM 990. | |
| THERE IS NO FORMAL VOTE BY THE BOARD OF TRUSTEES APPROVING THE FORM 990 FOR | | |
| FILING. | | |
| | | |

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| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 | |
|---|---|--|
| Name of the organization AMERICAN COUNCIL ON SCIENCE AND HEALTH | Employer identification number 13-2911127 | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | |
| ACSH HAS A CONFLICT OF INTEREST POLICY, WHICH IS MONITORED |) BY THE | |
| AUDIT/FINANCE COMMITTEE OF THE BOARD. A CONFLICT OF INTEREST WILL BE DEEMED | | |
| TO EXIST WHENEVER AN INDIVIDUAL IS IN THE POSITION TO APPROVE OR INFLUENCE | | |
| CORPORATION POLICIES OR ACTIONS WHICH INVOLVE OR COULD ULTIMATELY HARM OR | | |
| BENEFIT FINANCIALLY: (A) THE INDIVIDUAL, (B) ANY MEMBER OF HIS/HER | | |
| IMMEDIATE FAMILY (SPOUSE, PARENTS, DOMESTIC PARTNER, CHILDREN, BROTHERS OR | | |
| SISTERS, AND SPOUSES OF THESE INDIVIDUALS), OR (C) ANY ORGANIZATION IN | | |
| WHICH HE/SHE OR AN IMMEDIATE FAMILY MEMBER IS A DIRECTOR, TRUSTEE, OFFICER, | | |
| MEMBER, PARTNER OR MORE THAN 10% SHAREHOLDER. SERVICE ON T | HE BOARD OF | |
| ANOTHER NOT-FOR-PROFIT CORPORATION DOES NOT CONSTITUTE A C | CONFLICT OF | |
| INTEREST. | | |

A TRUSTEE OR OFFICER SHALL DISCLOSE A CONFLICT OF INTEREST ANNUALLY: (A) PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS/HER DUTIES WITH RESPECT TO ANY MATTER INVOLVING THE CONFLICT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE; (B) PRIOR TO ENTERING INTO ANY CONTRACT OR TRANSACTION INVOLVING THE CONFLICT; AND (C) AS SOON AS POSSIBLE AFTER THE TRUSTEE OR OFFICER LEARNS OF THE CONFLICT. IF A TRUSTEE OR OFFICER HAS A POTENTIAL CONFLICT OF INTEREST, THE TRUSTEE OR OFFICER RECUSES THEMSELVES BEFORE THE DECISION-MAKING TAKES PLACE.

THE AUDIT/FINANCE COMMITTEE REVIEWS CONFLICTS OF INTEREST STATEMENTS AND PRESENTS A SUMMARY TO THE BOARD FOR CONSIDERATION AND/OR RESOLUTION.

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

THE ACSH'S BOARD OF TRUSTEES AND/OR ACSH'S COMPENSATION COMMITTEE (WHICH

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PRESENTS RECOMMENDATIONS TO THE BOARD FOR FINAL APPROVAL) DETERMINE

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Schedule O (Form 990 or 990-EZ) (2017)

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| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
|---|---|
| Name of the organization AMERICAN COUNCIL ON SCIENCE AND HEALTH | Employer identification number 13-2911127 |
| COMPENSATION FOR ACSH'S PRESIDENT. ACSH'S PRESIDENT DETERM | INES COMPENSATION |
| FOR ALL OTHER ACSH STAFF MEMBERS AND DOES NOT REQUIRE APPR | OVAL OF THE ACSH |
| BOARD OF TRUSTEES TO MAKE SALARY ADJUSTMENTS. FOR ALL COMP | ENSATION |
| INDEPENDENT SALARY DATA AND TRENDS ARE REVIEWED IN SETTING | SALARY |
| CONSIDERATIONS. THE DISCUSSION, DECISION-MAKING, AND FINAL | APPROVAL ARE |
| DOCUMENTED IN THE BOARD MINUTES. | |

NO REVIEW OF ACSH'S PRESIDENT SALARY WAS CONDUCTED DURING THE FYE

6/30/2018. THE LAST REVIEW WAS CONDUCTED DURING FYE 6/30/2015.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 110 EAST 42ND STREET, SUITE 1300, NEW YORK, NY 10017.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A

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COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS

NOT CHANGED FROM PRIOR YEARS.

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