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)

732003 11-28-17

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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732005 11-28-17

Form 990 (2017)

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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	990 (2017)	AMERICAN	COUNCIL	ı C	N	SC	ΙE	NC:	Е	AND HEALTH	13-29	11	127	P	age 8
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)	
	Name and	d title	Average	(do		Posi		than o	no	Reportable	Reportable	l	Es	timate	ed
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			week		cer an	d a dii	rector	r/trust	ee)	from	from related		1	other	
			(list any hours for	director						the	organizations			pensa	
			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
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4	•		-		-					-	-		4	Х	
E										for such individual			4		
5									ale	ed organization of individ	Juai for services		5		X
Sec	tion B. Independent (nization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ch p	berso	on					5		- 72
			manage and ind	lana	ndor	* ~~	ntro	otor	o th	nat received more than \$	100 000 of comp		tion fr		
1												ensa			
	the organization. Rep		the calendar ye	eare	nain	g wi	un o	or wit		the organization's tax y	ear.				
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Form **990** (2017)

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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

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990 EZ) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911127 Page 5

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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732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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).

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 7

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			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN COUNCIL ON SCIENCE AND HEALTH 13-2911127 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
HONORARIUM REVENUE
2013 AMOUNT: \$ 188.
MISCELLANEOUS REVENUE
2015 AMOUNT: \$ 2,000.
REIMBURSEMENTS
2016 AMOUNT: \$ 8,333.
732028 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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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)

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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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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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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)
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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
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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							
) (ii)							
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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.		
	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
												_		
												_		
												+		
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	
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
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.			

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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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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