		P	UBLIC DISCLOSURE COPY - STATE REGIST	RATION NO. 476	-						
	Ω	00	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047						
For	Form <b>JJU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)										
		of the Treasury	Do not enter Social Security numbers on this form as it may		Open to Public Inspection						
Internal Revenue Service         Information about Form 990 and its instructions is at www irs gov/form990           A For the 2013 calendar year, or tax year beginning         JUL 1, 2013         and ending         JUN 30, 2014											
B	Check if applicab	C Name o	forganization	D Employer identified	cation number						
	Addr		TOTAL COUNCIL ON COTENCE & HEALEHI								
F	chan	_	ICAN COUNCIL ON SCIENCE & HEALTH	13_2	911127						
F	_lchan _Initial	<u>v</u>	usiness As r and street (or P.O. box if mail is not delivered to street address) Room/s								
F	returr ]Term		BROADWAY, SUITE 202		362-7044						
	⊥ated ]Amer	adad	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,887,393.						
F	returr Appli		YORK, NY 10023	H(a) Is this a group re							
	tion pend		nd address of principal officer:DR. GILBERT ROSS	for subordinates							
			AS C ABOVE	H(b) Are all subordinates in							
1	Гах-ех		X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) or		list. (see instructions)						
			ACSH.ORG	H(c) Group exemption							
_		of organization:		Year of formation: 1978							
Pa	art I	Summary			-						
0	1	Briefly describ	be the organization's mission or most significant activities: FOUNDED	IN 1978 THE A	MERICAN						
nc		COUNCIL	ON SCIENCE AND HEALTH (ACSH) IS A NA	ATIONAL, NON-P	ROFIT,						
Activities & Governance	2	Check this bo	x      If the organization discontinued its operations or disposed of	more than 25% of its net as							
0 Ne	3	Number of vo	ting members of the governing body (Part VI, line 1a)		10						
ي م	4	Number of inc	9								
es	5	Total number	14								
iviti	6		of volunteers (estimate if necessary)		0						
Act			d business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.						
				Prior Year	Current Year						
ne	8		and grants (Part VIII, line 1h)	1,087,946.	985,139.						
Revenue	9	•	ice revenue (Part VIII, line 2g)	127,718.	0.						
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	241,570. 145.	222,988.						
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,457,379.	66,579. 1,274,706.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,457,579.	1,2/4,700.						
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
	14	<b>.</b>	to or for members (Part IX, column (A), line 4)	1,060,323.	855,136.						
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	69,340.						
Expenses	loa b	Total fundraia	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ►312,767.		05,540.						
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)	766,424.	558,778.						
	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)	1,826,747.	1,483,254.						
	19		expenses. Subtract line 18 from line 12	-369,368.	-208,548.						
Ses	1.5	1 10101100 1033		Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (	Part X, line 16)	2,574,842.	2,360,156.						
Ass Bal	21		s (Part X, line 10)	178,782.	94,686.						
Net Innc	22		fund balances. Subtract line 21 from line 20	2,396,060.	2,265,470.						
P	art II			, ,	, , , , , , , , , , , , , , , , , , , ,						
		•	I declare that I have examined this return, including accompanying schedules and si	atements, and to the best of my	/ knowledge and belief, it is						
			. Declaration of preparer (other than officer) is based on all information of which pre								

Sign Here	Signature of officer DR. GILBERT ROSS, ACTING PRES. & EXEC./MEDICA Type or print name and title	Date L DIR.									
Paid	Print/Type preparer's namePreparer's signatureDateBRUCE BLASNIKBRUCE BLASNIK03/	30/15									
Preparer	Firm's name 🕒 O'CONNOR DAVIES, LLP	Firm's EIN 27-1728945									
Use Only	Firm's address 3001 SUMMER STREET, 5TH FL EAST										
STAMFORD, CT 06905 Phone no.203-323-2400											
May the IRS discuss this return with the preparer shown above? (see instructions)											
332001 10-2	332001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Τ.

	990 (2013) AMERICAN COUNCIL ON SCIENCE & HEALTH 13-2911127 P
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FOUNDED IN 1978, THE AMERICAN COUNCIL ON SCIENCE AND HEALTH (ACSH) IS
	A NATIONAL, NON-PROFIT, TAX-EXEMPT 501(C)(3) CONSUMER HEALTH EDUCATIO
	AND ADVOCACY ORGANIZATION BASED IN NEW YORK CITY. ACSH'S MISSION IS T
	ENSURE THAT PEER-REVIEWED MAINSTREAM SCIENCE REACHES THE PUBLIC, THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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? Yes
4	If "Yes," describe these changes on Schedule O. 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
4 -	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 969,911. including grants of \$ ) (Revenue \$ 66,57
4a	
	ACSH ACHIEVES ITS MISSION THROUGH ONGOING, GENERAL EDUCATIONAL PROGRA
	AND ACTIVITIES THAT INCLUDE: PRODUCING PEER-REVIEWED PUBLICATIONS;
	PRODUCING AND DISTRIBUTING A DAILY DISPATCH E-NEW BRIEF AND FEED THAT
	PRESENTS ACSH'S SCIENTIFIC PERSPECTIVE ON THAT DAY'S MOST CURRENT
	AND/OR EMERGING HEALTH-RELATED NEWS STORY, EVENT AND/OR MEDICAL
	BREAKTHROUGH; PRODUCING INFORMATIVE VIDEO COMMENTARIES; WRITING OP-ED
	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 THE PROVIDES FREE DOWNLOAD
	OF ACSH SCIENTIFIC PUBLICATIONS; APPEARING ON RADIO AND TV TO DISPEL
	MYTHS AND CONFRONT CONTROVERSIES HEAD ON; CULTIVATING PARTNERSHIP
	OPPORTUNITIES WITH LIKE-MINDED INSTITUTIONS AND ORGANIZATIONS;
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 969,911.
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T ()	330 756359 441035.0 2013.05080 AMERICAN COUNCIL ON SCIENCE 44103

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AMERICAN COUNCIL ON SCIENCE & HEALTH

	990 (2013) AMERICAN COUNCIL ON SCIENCE & HEALTH 13-2911	<u>127</u>	P	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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 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 similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	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,"	40		v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

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Part V, line 1

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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2								
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
If "Yes," complete Schedule R, Part V, line 2								
Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?								
Note. All Form 990 filers are required to complete Schedule O								

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

.....

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) 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 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 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 disgualified persons? If so, complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. С director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?lf "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33

AMERICAN COUNCIL ON SCIENCE & HEALTH

Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Yes

Х

No

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Form 990 (2013)

Form 990 (2013) Part IV Checklist of Required Schedules (continued)

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23

					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
с	d the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	ambling) winnings to prize winners?									
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	14							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
				3a		_X_				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			37				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u> </u>				
b	If "Yes," enter the name of the foreign country:									
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			5a		х				
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b										
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v				
	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 contribut		•							
_	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
a	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?									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
d	o file Form 8282?									
	If "Yes," indicate the number of Forms 8282 filed during the year		x+2	7e		х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7e 7f		X				
	If the organization received a contribution of qualified intellectual property, did the organization file Fe		200 as required?	7g						
g h	If the organization received a contribution of qualined intellectual property, did the organization metric of the organization metric and the			79 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			/11						
Ŭ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8						
9	Sponsoring organizations maintaining donor advised funds.		io aaniig ino joari	Ŭ						
а	Did the organization make any taxable distributions under section 4966?			9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	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								
	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								
14a	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 Schedul	e O		14b						

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13-2911127	Page <b>5</b>

orm 990	(2013)
Part V	Stat

#### 013) AMERICAN COUNCIL ON SCIENCE & HEALTH Statements Regarding Other IRS Filings and Tax Compliance

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

#### AMERICAN COUNCIL ON SCIENCE & HEALTH

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X

VI	Governance, M	lanagement,	, and Disclo	sure For each	"Yes" response	to lines 2 through	1 7b below, and f	or a "No"	response
	to line 8a, 8b, or 10	b below, describ	e the circumsta	ances, processes	, or changes in	Schedule O. See	instructions.		

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

000	tion A. doverning body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	)								
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	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 <b>1b</b>									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
-	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 990 was filed?	4		х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
• ••	more members of the governing body?	7a		x						
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?	8a	х							
b	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 reached at the									
-	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 Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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 approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			_						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure		++++							
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, CO, FL, GA, HI, II			,ME						
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)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X       Own website       X       Upon request       Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial							

19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
	· · · · · · · · · · · · · · · · · · ·

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CHERYL MARTIN, ASSOCIATE DIRECTOR - 212-362-7044

	199	95 BR	OADWAY,	NEW	YORK,	N	1X	10023						
3	32006 10-29	- 13	SEE	SCHI	EDULE	0	FOR	FULL	LIST	OF	STATES			Form <b>990</b> (2013)
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Ρ

art VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensat	ed
	Employees, and Independe	nt Contrac	tors					

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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. 

Name and TitleAverage hours per week (list any hours for related organizations below line)Average for teleck more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from related organizations (W-2/1099-MISC)Estimated amount of other compensation from related organizations (W-2/1099-MISC)Reportable compensation from (W-2/1099-MISC)Estimated amount of other compensation from the organizations organization (W-2/1099-MISC)Reportable compensation from (W-2/1099-MISC)Estimated amount of other compensation from the organizations organization <br< th=""><th></th><th></th><th>l</th><th></th><th></th><th></th><th>npei</th><th>1541</th><th></th><th></th><th></th></br<>			l				npei	1541			
Notation and note     Average week     Inspiration week     Inspiration more presentation to metabolisme to meta	(A)	(B)					,		(D)	(E)	(F)
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(iii any hours for related organizations below integent         if any hours for gent actions integent         if any hours for gent actions integent         if any hours for gent actions integent actions         organizations (W-2/1099-MISC)         organizations (W-2/1099-MISC)         organizations and related organizations           (1) ELIZABETH M. WHELAN, SC.D., M.P. PRESIDENT         40.00         X         X         151,923.         0.         3,419.           (2) NIGEL M. BARK, M.D.         1.00         X         X         0.         0.         0.           (3) STEVEN MODZELEWSKI         1.000         X         X         0.         0.         0.           (4) JAMES E. ENSTROM, PH.D., M.P.H.         1.000         X         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (3) ATES E. ENSTROM, PH.D., TH.D.         1.000         X         0.         0.         0.         0.           (4) DADIAN EL J. STEN, MD         1.000         X         0.									· ·		
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Form 990 (2013)

									& HEALTH	13-2	911	127	P	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					<b>(-</b> )	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) patient				than is bot pr/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	le Estima cion amoun ed othe ons compens IISC) from t organiza		nount other pensa om th	of ation e ion
		below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anizati	
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							539,998. 0. 539,998.		0.		5,7 5,7	0.
2	Total number of individuals (including but n compensation from the organization							no re		I ),000 of reportab			Yes	3 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	uch individual										3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	0,000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsat	<i>mple</i> ion f	ete S <sup>i</sup> rom	Sche any	edule v unr	e J f	for such individual			4	X	x
	tion B. Independent Contractors									• · · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
	(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	services	С	(C ompe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	-	ot li	mite	d to		se lis	sted	l above) who received n	nore than				
33200 10-29-	3						<u></u>					Form	<b>990</b> (;	2013)

Form	n 99	0 (;	2013) AMER ]	CAN COUN	CIL ON S	CIENCE & H	EALTH	13-2911	127 Page 9
Ра	rt \	/	Statement of Reve	nue					
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts 1ts	1	а	Federated campaigns	1a					
Grai			Membership dues						
S, C			Fundraising events						
Giff Iar			Related organizations						
ini,		е	Government grants (contribut	tions) <b>1e</b>					
er S		f	All other contributions, gifts, gran						
ibu			similar amounts not included abo	ve 1f	985,139.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	s 1a- 1f: \$					
a C		h	Total. Add lines 1a-1f			985,139.			
					Business Code				
ice	2	а							
ervi		b							
n S ent		С							
jrar Rev		d							
Program Service Revenue		е							
<u>с</u>		f	1 5						
			Total. Add lines 2a-2f						
	3		Investment income (including			62,962.			62,962.
			other similar amounts)			02,902.			02,902.
	4		Income from investment of ta						
	5		Royalties						
	6	_	Cross rents	(i) Real	(ii) Personal				
	0		Gross rents						
			Less: rental expenses Rental income or (loss)						
				-	►				
	7		Gross amount from sales of	(i) Securities	(ii) Other				
		ŭ	assets other than inventory	754,078.					
		b	Less: cost or other basis						
				594,052.					
		с	Gain or (loss)						
			Net gain or (loss)		<b>&gt;</b>	160,026.			160,026.
e	8		Gross income from fundraisin						
nue			including \$	of					
Seve			contributions reported on line	1c). See					
erF			Part IV, line 18						
Other Revenue			Less: direct expenses						
•			Net income or (loss) from fund		<b>&gt;</b>				
	9	а	Gross income from gaming ad						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan	-	<b>&gt;</b>				
	10	а	Gross sales of inventory, less		85,026.				
		•	and allowances		18,635.				
			Less: cost of goods sold			66,391.	66,391.		
		С	Net income or (loss) from sale				00,351.		
	11	2	Miscellaneous Revenu HONORARIUM REVE		Business Code 900099	188.	188.		
		a b				100.	1001		
		с С							
		2	All other revenue						
		e	Total. Add lines 11a-11d		►	188.			
	12		Total revenue. See instructions.			1,274,706.	66,579.	0.	222,988.
33200 10-29					F	, ,	· · · · · · · ·		Form <b>990</b> (2013)
.5 25	.0					9			()

	990 (2013) AMERICAN CO		ENCE & HEALT	H 13-29	011127 Page 10
	on 501(c)(3) and 501(c)(4) organizations must com		per organizations must co	omolete column (A)	
Secu	Check if Schedule O contains a respor				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	412,202.	292,002.	60,100.	60,100.
6	Compensation not included above, to disqualified	, -	_ ,		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	333,696.	257,435.	58,820.	17,441.
8	Pension plan accruals and contributions (include	,			
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	52,087.	42,588.	7,002.	2,497.
10	Payroll taxes	57,151.	42,400.	9,018.	2,497. 5,733.
11	Fees for services (non-employees):	0,72021	12,1001	5,0201	071001
	Management				
b	Legal	6,054.		6,054.	
	Accounting	15,900.		15,900.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	69,340.			69,340.
f	Investment management fees	15,356.		15,356.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,267.	1,267.		
12	Advertising and promotion		_,		
13	Office expenses	37,543.	29,445.	4,958.	3,140.
14	Information technology	9,253.	6,865.	1,460.	928.
15	Royalties			,	
16	Occupancy	227,931.	205,138.	9,117.	13,676.
17	Travel	1,911.	1,420.	299.	192.
18	Payments of travel or entertainment expenses	<i>i</i> -			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,513.	1,120.	242.	151.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,466.	11,674.	2,862.	1,930.
23	Insurance	11,285.	1,964.	8,030.	1,291.
24	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	DIRECT MAILING	130,291.	0.	0.	130,291.
b	RESEARCH	70,131.	70,131.	0.	0.
с С	MISCELLANEOUS	6,468.	4,269.	1,358.	841.
d	STATE REGISTRATION FEES	5,216.	0.	0.	5,216.
	All other expenses	2,193.	2,193.		5,2250
е 25	Total functional expenses. Add lines 1 through 24e	1,483,254.	969,911.	200,576.	312,767.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,_00,2040			
20	reported in column (B) joint costs from a combined				
	advestigned comparing and fundraising policitation				

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Check here

Form 990 (2013)

13110330 756359 441035.0

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10

13110330 756359 441035.0

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Form 990 (2	2013)	AMERICAN	COUNCIL	ON	SCIENCE	&	HEALTH	13-
Part X	Balance Sheet	1						

Par	1	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			194,162.	1	78,879.
	2	Savings and temporary cash investments			84,939.	2	192,309.
	3	Pledges and grants receivable, net			110,000.	3	25,650.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		[		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,315.	9	8,858.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	231,866.			
	b	Less: accumulated depreciation	10b	218,682.	29,650.	10c	13,184.
	11	Investments - publicly traded securities			2,069,292.	11	1,972,792.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			68,484.	15	68,484.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	2,574,842.	16	2,360,156.
	17	Accounts payable and accrued expenses		93,738.	17	35,148.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former	officers	s, directors, trustees,			
iliti		key employees, highest compensated employee		· ·			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	; 17-24).	Complete Part X of			
		Schedule D			85,044.		59,538.
	26				178,782.	26	94,686.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🖾 and			
ces		complete lines 27 through 29, and lines 33 an			2,311,952.		2,211,362.
lan	27	Unrestricted net assets			84,108.	27	54,108.
Ba	28	Temporarily restricted net assets			04,100.	28	J4,100.
pur	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958	), спеск nere ▶∟			
0 S		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30 21	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in			2,396,060.	32	2,265,470.
_	33	Total net assets or fund balances			2,574,842.	33 34	2,265,470.
	34	Total liabilities and net assets/fund balances			4,5/4,044.	34	Form <b>990</b> (2013)

Form **990** (2013)

Forn	1990 (2013) AMERICAN COUNCIL ON SCIENCE & HEALTH	13-2	911127	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,27		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,48		
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,39		
5	Net unrealized gains (losses) on investments	5	7	7,9	58.
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	2,26	5,4	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 separat	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
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 Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audite, explain why in Schedule Q and describe any stops taken to undergo such audits		26		

Form **990** (2013)

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ►

t **Open to Public** 

OMB No. 1545-0047

Name of the organizat	
Internal Revenue Service	

Attach	to	Form	990	or Fo	rm 99	0-EZ.	
(Earm (	າດດ	~~ 000	E7)	and ite	inotru	ationa	~+

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

Name of t	he organizati	on							Employer	der	ntificati	on nu	mber
		AMERICA	N COUNCIL ON	SCIE	ENCE &	HEAL	TH		1	3-2	2911	127	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	ist complet	e this par	t.) See inst	ructions					
1       1         2       1         3       1         4       1	A church, cor A school des A hospital or	nvention of churches cribed in <b>section 17</b> a cooperative hospi search organization o	because it is: (For lines f s, or association of chur <b>'0(b)(1)(A)(ii).</b> (Attach Sc tal service organization o operated in conjunction	ches desc hedule E.) described	cribed in <b>se</b> ) in <b>section</b>	ction 170 170(b)(1)	(b)(1)(A)(i) (A)(iii).		(iii). Enter	the h	nospital	's narr	пe,
5	An organizati		benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental u	nit descrik	oed ir	า		
6			ent or governmental unit	t describe	d in sectio	n 170(b)(·	1)(Δ)(γ)						
7 X	An organizati		eives a substantial part					or from t	ne general	publ	lic desc	ribed i	in
8			ection 170(b)(1)(A)(vi).	(Complete	e Part II.)								
9			eives: (1) more than 33 1	· ·		rom contri	butions, m	nembers	hip fees, a	and g	ross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain except	ions, and (2	2) no more	e than 33 1	/3% of	ts suppor	t fron	n gross	invest	tment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	ax) from bu	sinesses a	acquired b	y the or	ganization	after	r June 3	0, 197	75.
	See section	509(a)(2). (Complete	e Part III.)										
10	An organizati	on organized and op	perated exclusively to te	st for pub	lic safety. S	See <b>sectic</b>	on 509(a)(4	4).					
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to ca	rry out the	e pur	poses c	of one	or
	more publicly	v supported organiza	ations described in section	on 509(a)(	1) or sectio	on 509(a)(2	2). See <b>sec</b>	tion 50	9(a)(3). Ch	neck t	the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.							
	a 🛄 Type I	<b>b</b> — Ту	/pell <b>c</b> L Ty	ype III - Fu	inctionally i	ntegrated	c	н 💷 ту	/pe III - No	n-fun	nctional	y integ	grated
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	/ by one oi	r more d	isqualified	l pers	sons oth	ier tha	ın
		•	han one or more publicly		•				09(a)(1) or	r sect	tion 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	ре I, Туре	II, or Type	e III					
		rganization, check th											. 📖
g			organization accepted ar										
	(i) A persor	n who directly or ind	irectly controls, either al	one or tog	gether with	persons o	lescribed i	in (ii) and	l (iii) below	/, r		Yes	No
	-		upported organization?								11g(i)		<u> </u>
			n described in (i) above?								11g(ii)		<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) abov	e?					L	11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	ı(s).								
• •	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing	organization isted in your document?	organizat (i) of you	ion in col. r support?	organiza (i) organ U	Is the tion in col. ized in the .S.?	(vii)	Amount sup	of mor port	netary
		1		Yes	No	Yes	No	Yes	l No	1			

Total

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

Schedule A (Form 990 or 990-EZ) 2013

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### Schedule A (Form 990 or 990-EZ) 2013 AMERICAN COUNCIL ON SCIENCE & 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) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2352157.	1274727.	1400790.	1087946.	985,139.	7100759.
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 $\dots$						
4	Total. Add lines 1 through 3	2352157.	1274727.	1400790.	1087946.	985,139.	7100759.
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)						1238975.
6	Public support. Subtract line 5 from line 4.						5861784.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
7	Amounts from line 4	2352157.	1274727.	1400790.	1087946.	985,139.	7100759.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	62,905.	77,291.	78,412.	73,213.	62,962.	354,783.
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 IV.)	3,292.	546.	271.	145.	188.	4,442.
11	Total support. Add lines 7 through 10						7459984.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	269,694.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (		-			14	78.58 %
	Public support percentage from 2012					15	81.04 %
<b>16</b> a	33 1/3% support test - 2013. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	0	
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2013

332022 09-25-13

13110330 756359 441035.0

#### Schedule A (Form 990 or 990-EZ) 2013 AMERICAN COUNCIL ON SCIENCE & 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	-	•	•
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
<b>11</b> 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 IV.)						
14 First five years. If the Form 990 is for t	he organization	s first, second. thi	rd, fourth. or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and <b>stop here</b>	•					
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2013 (lin			column (f))		15	C
16 Public support percentage from 2012 S					16	ç
Section D. Computation of Invest	tment Incom				· · ·	
17 Investment income percentage for 201	<b>3</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	C
18 Investment income percentage from 20					18	(
19a 33 1/3% support tests - 2013. If the o					33 1/3%, and line	17 is not
more than 33 1/3% , check this box and						
b 33 1/3% support tests - 2012. If the o						
line 18 is not more than 33 1/3%, chec	k this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	oorted organizatior	n ►
20 Private foundation. If the organization						
332023 09-25-13					hedule A (Form 99	

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	(FUIII 990 01 990-EZ) 2013 200
t IV	Supplemental Informat

tion. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

332024 09-25-13	Schedule A (Form 990 or 990-EZ) 2013
	16
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* *	PUBLIC	DISCLOSURE	COPY	* *
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## Schedule of Contributors

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

OMB No. 1545-0047

# 2013

Name	of the	organization
nume	or the	organization

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

Name of the organiza	Employer identification number	
	AMERICAN COUNCIL ON SCIENCE & HEALTH	13-2911127
Organization type(ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \_\_\_\_\_\_\_ \* \_

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

Part I

Page 2

Employer identification number

13-2911127

AMERICAN COUNCIL ON SCIENCE & 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 1 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 2 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13

> 18 2013.05080 AMERICAN COUNCIL ON SCIENCE 44103501

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Page **2** 

Employer identification number

AMERICAN COUNCIL ON SCIENCE & HEALTH

1 2

13-2911127

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>32,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24	4-13	\$ \$ Schedule B (Form	Person Payroll Payroll Occupient Payrol Payroll Occupient Part II for noncash contributions.)
	19		,

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page <b>3</b>
Name of organization	Employer identification number
AMERICAN COUNCIL ON SCIENCE & HEALTH	13-2911127

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

20

	AN COUNCIL ON SCIENCE	& HEALTH	13-2911127
Part III	<i>Exclusively</i> religious, chartable, etc., ind year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of <b>\$1,000 or less</b> for	)(7), (8), or (10) organizations that total more than \$1,000 for th ins completing Part III, enter the year. <sub>(Enter this information once.)</sub> ► \$
a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -		(e) Transfer of gift	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	(e) Transfer of gift		
-	Transferee's name, address, a		Relationship of transferor to transferee
3454 10-24-1	13		Schedule B (Form 990, 990-EZ, or 990-PF) (

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SCHEDULE D	
(Form 990)	

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

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►

AMERICAN COUNCIL ON SCIENCE & HEALTH

Employer identification number 13-2911127

OMB No. 1545-0047

**Open to Public** 

Inspection

3

Pa			s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, <b>,</b> , , , , , , , , , , , , , , , , ,	ě – –
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с			
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expension	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b			
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treas		ai gain, provide
_	the following amounts required to be reported under SFAS 110		
a L	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• \$
	For Danorwork Doduction Act Nation and the Instructions	for Form 990	Schodula D /Earm 000) 2012
LHA 33205 09-25-	For Paperwork Reduction Act Notice, see the Instructions	101 - 01111 330.	Schedule D (Form 990) 2013

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Sche		N COUNCIL						13-29			age <b>2</b>
Pa	t III Organizations Maintaining C	collections of A	rt, His	storical Tr	reasures, o	or Othe	er Simil	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, cheo	ck any of the	following that	at are a s	ignificant	use of its	collectic	n iten	าร
	(check all that apply):			1							
а	Public exhibition	d	I 🖂	Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
_	to be sold to raise funds rather than to be ma							L	Yes		No
Pai	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if th	ie organizatio	on answered	"Yes" to	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary fo	r contributior	ns or other as	sets not	included		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	ıt	
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F							L	Yes		
	If "Yes," explain the arrangement in Part XIII.										
Pai	<b>t V Endowment Funds.</b> Complete i								( ) Fau		haali
		(a) Current year	(b)	Prior year	(c) Two year	IS DACK	(d) Three	years back	(e) Fou	ryears	Баск
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	using the second second second	. (11:00	1 a. a a humana (							
2	Provide the estimated percentage of the cur	rent year end baland		rg, column (a	a)) neid as:						
a L	Board designated or quasi-endowment ►	%	_%								
b	Temporarily restricted endowment										
С		<u>%</u>									
20	The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posse		otion th	ant are hold a	and administr	rad for t	ho organi	zation			
Ja		ssion of the organiz	alion li	ial are neiù a			ne organi	Zation		Yes	No
	by: (i) unrelated organizations								3a(i)	165	
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		). Part l	V. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o		1	t or other		ccumulate	ed	(d) Boo	k valu	ie
		basis (investr			(other)	• •	preciation		,, 200		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			23	31,866.		218,6	82.	1	3,1	84.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colu	ımn (B) <u>,</u> line :	10(c).)	<u></u>			1	<u>3,</u> 1	84.
								Schedule	D (Forr	n 990	) 2013

09-25-13

Part VII Investme					
	if the organization answered "Yes" to				
	ty or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
	\$				
	interests				
(3) Other					
(A)					
(B)					
<u>(C)</u>					
(D)					
<u>(E)</u> (F)					
(G)					
(H)					
	Form 990, Part X, col. (B) line 12.) 🕨				
	ents - Program Related.				
	f the organization answered "Yes" to	o Form 990 Part IV line	11c See Form 990 F	Part X line 13	
	iption of investment	(b) Book value			d-of-year market value
(1)	·				•
(2)			1		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal	Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other As	ssets.				
Complete i	if the organization answered "Yes" to		11d. See Form 990, I	Part X, line 15.	
	<b>(a)</b> D	escription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(7) (8)					
(7) (8) (9)					
(7) (8) (9) Total. (Column (b) must	equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	
(7) (8) (9) Total. (Column (b) must Part X Other Lia	abilities.				
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in	<b>abilities.</b> if the organization answered "Yes" to		11e or 11f. See Form	990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1.	abilities. f the organization answered "Yes" to (a) Description of liability			▶ 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value	▶ 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED	abilities. f the organization answered "Yes" to (a) Description of liability		11e or 11f. See Form	▶ 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3)	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value	▶	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4)	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value	▶ 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5)	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value	▶ 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5) (6)	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value	▶ 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5) (6) (7)	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value		
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5) (6) (7) (8)	abilities. If the organization answered "Yes" to (a) Description of liability taxes		11e or 11f. See Form (b) Book value	990, Part X, line 25	,
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5) (6) (7) (8) (9)	abilities. If the organization answered "Yes" to (a) Description of liability taxes <b>RENT LIABILITY</b>	o Form 990, Part IV, line	11e or 11f. See Form (b) Book value 59,538.	▶ 990, Part X, line 25	j.
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must	abilities. If the organization answered "Yes" to (a) Description of liability taxes RENT LIABILITY equal Form 990, Part X, col. (B) line	o Form 990, Part IV, line	11e or 11f. See Form (b) Book value 59 , 538 . 59 , 538 .		
(7) (8) (9) Total. (Column (b) must Part X Other Lia Complete in 1. (1) Federal income (2) DEFERRED (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must 2. Liability for uncertain	abilities. If the organization answered "Yes" to (a) Description of liability taxes <b>RENT LIABILITY</b>	o Form 990, Part IV, line	11e or 11f. See Form (b) Book value 59,538. 59,538. 59,538. o the organization's f	inancial statements	that reports the

Schedule D (Form 990) 2013 AMERICAN COUNCIL ON SCIENCE & HEALTH 13-2911127 Page 3

332053 09-25-13

Sche	dule D (Form 990) 2013 AMERICAN COUNCIL ON SCIEN	ICE & H	IEALTH	13-	2911127	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents Wi	th Revenue per R	eturr	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a.			-	
1	Total revenue, gains, and other support per audited financial statements			1	1,355,	943.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	77,958.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	18,635.			
е	Add lines 2a through 2d			2e		593.
3	Subtract line 2e from line 1			3	1,259,	350.
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	15,356.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		356.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,274,	706.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12				1 100	
1	Total expenses and losses per audited financial statements			1	1,486,	533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses		40.005			
d	· · · · · · · · · · · · · · · · · · ·	-	18,635.			<b>6 7 7</b>
е	Add lines <b>2a</b> through <b>2d</b>			2e		635.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,467,	898.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4 - 9 - 6			
а	Investment expenses not included on Form 990, Part VIII, line 7b		15,356.			
b		4b				256
С				4c		356.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	1,483,	254.
Pa	rt XIII Supplemental Information.					

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 INTERNAL REVENUE SERVICE ("IRS")

CONDUCTED AN EXAMINATION OF THE COUNCIL'S FORM 990 FOR THE YEAR ENDED JUNE

30, 2011 AND ACCEPTED THE RETURN AS FILED. THE COUNCIL IS NO LONGER

SUBJECT TO EXAMINATIONS BY THE FEDERAL GOVERNMENT FOR PERIODS ENDING ON OR

PRIOR TO JUNE 30, 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES DEDUCTED FROM REVENUE 18,635. 332054 09-25-13 Schedule D (Form 990) 2013 25

Schedule D (Form 990) 2013 Part XIII Supplemental Inf	AMERICAN COUNCIL ON SCIENCE & HEALTH	13-2911127 Page 5
Part XIII Supplemental Inf	formation (continued)	
PART XII, LINE 2D	- OTHER ADJUSTMENTS:	
COST OF SALES		18,635.
332055		Schedule D (Form 990) 2013
332055 09-25-13	26	

Department of the Treasury	Complete if the	ental Information Regarding e organization answered "Yes" to organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 ) or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 00-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization					Ŭ		Employer id	entification number
Eundraisin		N COUNCIL ON SCIEN				in n 1	13-291	
Part I required to co	mplete this par	<ul> <li>Complete if the organization answer t.</li> </ul>	ered	es" to	5 Form 990, Part IV, I	ine T	7. Form 990-E	Z mers are not
<ul> <li>a X Mail solicitation</li> <li>b X Internet and en</li> <li>c X Phone solicitati</li> <li>d X In-person solici</li> <li>2 a Did the organization h</li> <li>key employees listed</li> </ul>	nail solicitations ions tations nave a written o in Form 990, P ighest paid ind	s <b>f</b> Solicita <b>g</b> Special or oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) pure	tion of tion of fundra l (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Ye	
(i) Name and address of or entity (fundrai		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained byj fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
CLEARWORD COMMUNICAT		CONSULTS ON DIRECT MAIL	Yes	No			<u> </u>	
GROUP, INC 10302 INSYNC CONSULTING GRO		PROGRAM		X	272,720.		60,395	. 212,325.
301 EAST 47TH STREET		FUNDRAISING		x	35,500.		8,875	. 26,625.
					202.000		<b>60 0 0 0</b>	
Total           3         List all states in which	the organizatio	on is registered or licensed to solicit	contrik	bution:	308,220. s or has been notified	d it is	69 , 270 exempt from	
or licensing.			TN	<b>T N</b>	VC VV TA M		<u>ער איז אי</u>	
		DE, FL, GA, HI, ID, IL, NC, ND, OH, OK, OR, PA,						
	//-/		,	~~ /	~~ / / / •	- / -		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS 332081 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

Sch	edu	le G (Form 990 or 990-EZ) 2013 AMERICA	N COUNCIL ON	SCIENCE & H	IEALTH 13-	2911127 Page 2
Pa	art I		-			
		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ne			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	2	Cross income (line 1 minus line 2)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
ā		Entertainment				
	8	Entertainment Other direct expenses				
	-	Direct expense summary. Add lines 4 through			▶	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	
Pa	art I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.		(1) Dull take (instant	1	
iue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo, progressive binge		
Å	1	Gross revenue				
ő	2	Cash prizes				
Expenses	3	Noncash prizes				
ಕ	4	Rent/facility costs				
Dire						
	5	Other direct expenses	Vac 0(	Noo 0/	Noo 0/	
	6	Volunteer labor	└── Yes%	│└── Yes % │└── No	│	
		Volunteer labor				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization opera	tes aamina activities:			
		the organization licensed to operate gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	_ L_ Yes L_ No
		·				
3320	82 09	3-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

Sche	dule G (Form 990 or 990-EZ) 2013 AMERICAN COUNCIL ON SCIENCE & HEALTH 13-2	911	127	Page
11	Does the organization operate gaming activities with nonmembers?		Yes	N
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		
	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
,				
'	Name			
	Address 🕨			
-				
15a i	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
сI	If "Yes," enter name and address of the third party:			
I	Name			
	Address ►			
,	Address 🕨			
16 (	Gaming manager information:			
I	Name			
(	Gaming manager compensation 🕨 💲			
[	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
<b>17</b>	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
ı	retain the state gaming license?		Yes	
bl	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 $\blacktriangleright$ \$			
Par		nes 9,	9b, 1	0b, 15b
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
ccu	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	c.		
BCI.	TEDOLE G, FART I, DINE ZD, DIST OF TEN HIGHEST FAID FONDRAISER	ь.		
(I)	NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP, INC.			
(I)	ADDRESS OF FUNDRAISER:			
103	302 BRISTOW CENTER DRIVE, #51, BRISTOW, VA 20136			
(I)	NAME OF FUNDRAISER: INSYNC CONSULTING GROUP LLC			
( 1 )	NAME OF FONDRAISER. INSING CONSOLIING GROOF ELC			
(I)	ADDRESS OF FUNDRAISER: 301 EAST 47TH STREET, #16G, NEW YORK,	NY	· 1	.001
<u>,                                    </u>		- • •		
32083	3 09-12-13 Schedule G (Form	990	or 990	)-EZ) 2(
	29			,_

Schedule G (Form 990 or 990-EZ) AMERICAN COUNCIL ON SCIENCE & HEALTH 13-2911127 Page 4 Part IV Supplemental Information (continued)

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

ADDITIONAL PAYMENTS TO FUNDRAISER INCLUDED REIMBURSMENTS OF

\$395 IN EXPENSES INCURRED BY THE PROFESSIONAL FUNDRAISERS IN PROVIDING

FUNDRAISING SERVICES. ALL PAYMENTS TO FUNDRAISER ARE TRACKED BY SEPERATE

INVOICES THAT ARE DOCUMENTED WITH RECEIPTS.

Schedule G (Form 990 or 990-EZ)

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	HEDULE J rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	омв №. <b>20</b>	46						
<b>\</b>	Compensated Employees								
Dana	truent of the Treasury     Complete if the organization answered "Yes" on Form 990, Part IV, line 23.     Attach to Form 990. ► See separate instructions.	Open to	Publ	ic					
	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990	Inspe	ection						
Nan	ne of the organization Employer ide			mber					
	AMERICAN COUNCIL ON SCIENCE & HEALTH 13-29	<u>)1112</u>	7						
Pa	Int 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 in Form 990,								
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel								
	Travel for companions								
	Tax indemnification and gross-up payments								
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)								
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		v						
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. <b>1</b> b	X						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		х						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2							
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's								
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensation committee Written employment contract								
	Independent compensation consultant								
	Form 990 of other organizations								
4	During the year, did any person listed in 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?	4a		Х					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х					
с	Participate in, or receive payment from, an equity-based compensation arrangement?			Х					
	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) and 501(c)(4) organizations must complete lines 5-9.								
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the revenues of:								
а	The organization?	. 5a		X					
b	Any related organization?	. 5b		X					
	If "Yes" to line 5a or 5b, describe in Part III.								
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the net earnings of:								
	•			X					
b	Any related organization?	. <b>6</b> b		X					
	If "Yes" to line 6a or 6b, describe in Part III.								
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments								
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		X					
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X					
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?	. 9							
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	le J (Forr	n 990	2013					

332111 09-13-13 Schedule J (Form 990) 2013

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in prior Form 990
(1) ELIZABETH M. WHELAN, SC.D., M.P (	151,923.	0.	0.	0.	3,419.	155,342.	0.
PRESIDENT (i		0.	0.	0.	0.		
(2) GILBERT ROSS, M.D.		0.	0.	0.	13,367.	200,839.	
EXECUTIVE/MEDICAL DIRECTOR		0.	0.	0.	0.		0.
(i							
(i							
(1							
(i							
(i							
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(1							
(i	)						

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 I, LINE 1A:

THE ORGANIZATION PROVIDES REIMBURSEMENT OF UP TO \$800 PER

YEAR PER EMPLOYEE FOR A HEALTH CLUB MEMBERSHIP.

PART I, LINE 3:

THE EXECUTIVE COMPENSATION IS PART OF THE BUDGET SUBMITTED

TO THE BOARD FOR APPROVAL EACH YEAR. BY APPROVING THE BUDGET THE BOARD

APPROVES EXECUTIVE COMPENSATION.

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)       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.       0MB No. 1545-0047         Department of the Treasury Internal Revenue Service       Attach to Form 990 or 990-EZ and its instructions is at www irs gov/form990       Open to Public Inspection
Name of the organization         Employer identification number           AMERICAN COUNCIL ON SCIENCE & HEALTH         13-2911127
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TAX-EXEMPT 501(C)(3) CONSUMER HEALTH EDUCATION AND ADVOCACY
ORGANIZATION BASED IN NEW YORK CITY. ACSH'S MISSION IS TO ENSURE THAT
PEER-REVIEWED MAINSTREAM 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 1, DESCRIPTION OF ORGANIZATION MISSION:
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:

PROVIDING ORAL AND WRITTEN TESTIMONY AT REGULATORY AND LEGISLATIVE

HEARINGS AND FORUMS; HOSTING SOCIAL MEDIA PORTALS AND CHANNELS ON

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 34

Name of the organization

Page 2

YOUTUBE, TWITTER AND FACEBOOK.

HIGHLIGHTS OF THE 2014 FISCAL PERIOD INCLUDE THE PUBLICATION AND DISTRIBUTION OF PEER-REVIEWED STUDIES, ACADEMIC SUMMARIES AND CONSUMER INFORMATION BROCHURES ON THE TOPICS OF FRACKING, NICOTINE AND HEALTH, AND GENETICALLY MODIFIED FOOD AND AGRICULTURAL BIOTECHNOLOGY. EDITORIALS AND COMMENTARIES BY ACSH REPRESENTATIVES IN NEWSPAPERS AND ONLINE JOURNALS AND RADIO/TV PROGRAMS THAT INCLUDE MEDICAL PROGRESS TODAY, WALL STREET JOURNAL, WASHINGTON TIES, FORBES.COM, NEW YORK POST, THE DAILY CALLER, SCIENCE 2.0, NATIONAL REVIEW ONLINE, THE AMERICAN, ITHACA JOURNAL, DETROIT FREE PRESS, THE STAR-LEDGER AND THE OBSERVER. ACSH TESTIFIED AND/OR SUBMITTED TESTIMONY AT STATE COUNCIL HEARINGS DISCUSSING THE LOCAL REGULATIONS OF HARM REDUCTION PRODUCTS LIKE E-CIGS FOR NEW YORK, RHODE ISLAND, CONNECTICUT, WASHINGTON STATE, NEW JERSEY PHILADELPHIA AND OKLAHOMA; AND TO THE FDA AND CTP DEEMING REGULATORY HEARINGS.. ACSH SOCIAL MEDIA AND INTERNET OUTREACH ACTIVITIES INCLUDED ITS ACSH.ORG WEBSITE, WHICH POSTS NEW CONTENT DAILY, THE PRODUCTION OF ITS DAILY DISPATCH NEWS BRIEFS AND VIDEO COMMENTARIES TO A PROPRIETARY LISTSERVE, AND THE PROMOTION OF ITS SCIENCE VIA FACEBOOK, TWITTER AND YOUTUBE.. IN ALL OF THESE OUTREACH EFFORTS ACSH ADDRESSED A BROAD RANGE OF ISSUES RELATED TO FOOD (PRODUCTION AND SAFETY), PHARMACEUTICALS, CHEMICALS, LIFESTYLE, SCIENCE, TECHNOLOGY AND THE ENVIRONMENT AS THEY RELATE TO HUMAN HEALTH.

 

 THE THREE LARGEST SERVICES USED TO PROMOTE ACSH'S GENERAL SCIENTIFIC

 AND EDUCATION PROGRAMS AND SCIENTIFIC CONCLUSIONS TO THE PUBLIC

 INCLUDE: 1) THE COSTS OF COMMISSIONING EXPERTS AND A PRO-RATED SHARE OF

 ACSH EXECUTIVE/AND PROFESSIONAL STAFF TIME TO MONITOR NEWS, CONDUCT

 332212 09-04-13

 Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization AMERICAN COUNCIL ON SCIENCE & HEALTH	Employer identification number 13-2911127
RESEARCH, WRITE DAILY ARTICLES AND COMMENTARIES ON CURREN	T AND EMERGING
SCIENTIFIC ISSUES TARGETED BY ACSH - AS WELL AS TO APPEAR	ON RADIO/TV
AND PARTICIPATE/PRESENT ACSH'S CONCLUSIONS AT REGULATORY	HEARINGS AND
FORUMS. 2) THE COSTS TO PRODUCE, HOST, PROMOTE AND DISTR	IBUTE
SCIENTIFIC INFORMATION PUBLIC THROUGH SOCIAL MEDIA SUCH A	S FACEBOOK,
TWITTER, AND YOUTUBE, INCLUDING THE COSTS TO PRODUCE DAIL	Y INFORMATION
VIDEOS. FINALLY, 3) THE COST OF DISTRIBUTING ACSH MESSA	GE TO THE
PUBLIC VIA AN AGGRESSIVE DIRECT MAIL INFORMATION PROGRAM	THAT PROMOTES
ACSH TO INDIVIDUALS AND FOUNDATIONS PREVIOUSLY UNFAMILIAR	WITH OUR
WORK.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEE'S OF THE GOVERNING BODY WITH AUTHO	RITY
TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF THE DRAFT FORM 990 WILL BE SHARED WITH THE ACSH	
AUDIT/FIANCE COMMITTEE AND SENT BY EMAIL TO EACH MEMBER O	F THE BOARD OF
TRUSTEES FOR REVIEW. TRUSTEES WILL BE GIVEN 7 BUSINESS	DAYS FROM THE
DATE OF EMAIL TO SUBMIT ANY QUESTIONS, COMMENTS, AND/OR	CHANGES CONCERNING
THE FORM 990. THERE IS NO FORMAL VOTE BY THE BOARD OF TR	USTEES APPROVING
THE FORM 990 FOR FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A TRUSTEE OR OFFICER SHALL DISCLOSE A CONFLICT OF INTERES	т:
(A) PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS DUTIE	S 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

 332212
 Schedule O (Form 990 or 990-EZ) (2013)

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 36

13110330 756359 441035.0

Schedule O (Form 990 or 990-EZ) (2013) Page 2								
Name of the organization	AMERICAN	COUNCIL C	N SCIENCE	& HEALTH	E		er identification number -2911127	
THE CONFLICT;	AND (C) A	S SOON AS	POSSIBLE	AFTER THE	TRUSTE	e or	OFFICER	
LEARNS OF THE	CONFLICT.							

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, CO, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NY, NJ, NM, NC, OH, OK, OR PA, RI, SC, TN, UT, VA, WV, WI, ND, AK

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

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, FORM 990 AND FORM

1023 ARE MADE AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN REQUEST AT ACSH

HEADQUARTERS LOCATED AT 1995 BROADWAY, NEW YORK, NY 10023.

FORM 990 IS ALSO AVAILABE AT THE ORGANIZATION'S WEBSITE: WWW.ACSH.ORG/ABOUT

FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG, WWW.CHARITYNAVIGATOR.ORG, AND WWW.ERI-NONPROFIT-SALARIES.COM

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

NIGEL M. BARK, M.D. - ALBERT EINSTEIN COLLEGE OF MEDICINE, 1500 WATERS PL. BRONX, NY 10461

STEVEN MODZELEWSKI - MAPLE ENGINE LLC, NEW HOPE, PA 18938

JAMES E. ENSTROM, PH.D., M.P.H. - COMPREHENSIVE CANCER CENTER, UNIVERSITY O LOS ANGELES, CA 90095-1772

PAUL OFFIT, M.D. - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, 3615 CIVIC CENT

PHILADELPHIA, PA 19104

ROBERT L. BRENT, M.D., PH. D. - DUPONT HOSPITAL FOR CHILDREN, PO BOX 269

WILMINGTON, DE 19899

THOMAS D.J. GOLAB - 325 PATRICK STREET, ALEXANDRIA, VA 22314 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 37

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Employer identification number
AMERICAN COUNCIL ON SCIENCE & HEALTH	13-2911127
HERBERT I. LONDON, PH.D 90 BROAD STREET, SUITE 2003,	NEW YORK, NY 10004
FRED L. SMITH, JR 1899 L STREET, NW, FLOOR 12, WASHIN	GTON, DC 20036
DANIEL T. STEIN, MD - 1300 MORRIS PARK AVENUE, BRONX, NY	10461
132212	
38	edule O (Form 990 or 990-EZ) (20
10330 756359 441035.0 2013.05080 AMERICAN COUNCIL 0	ON SCIENCE 441035