

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization AMERICAN COUNCIL ON SCIENCE & HEALTH	D Employer identification number 13-2911127	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1995 BROADWAY	E Telephone number 212-362-7044	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify) ▶	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10023		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶

G Website: ▶ **HTTP : WWW . ACSH . ORG**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

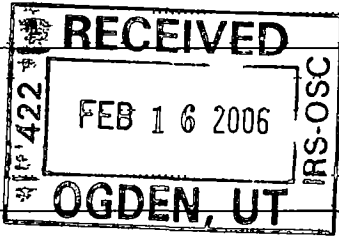
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,156,779.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED FEB 27 2005

Revenue	1	Contributions, gifts, grants, and similar amounts received				
		a	Direct public support	1a	2,107,815.	
		b	Indirect public support	1b		
		c	Government contributions (grants)	1c		
		d	Total (add lines 1a through 1c) (cash \$ 2,107,815. noncash \$)	1d	2,107,815.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
		3	Membership dues and assessments		3	
		4	Interest on savings and temporary cash investments		4	48,964.
		5	Dividends and interest from securities		5	
		6	a	Gross rents	6a	
			b	Less rental expenses	6b	
			c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	7	Other investment income (describe ▶)		7		
	8	a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		b	Less cost or other basis and sales expenses	8a		
		c	Gain or (loss) (attach schedule)	8b		
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
		d		8d		
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
		a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
		b	Less direct expenses other than fundraising expenses	9b		
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10	a	Gross sales of inventory, less returns and allowances	10a		
		b	Less cost of goods sold	10b		
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)		11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	2,156,779.	
Expenses	13	Program services (from line 44, column (B))		13	1,507,525.	
	14	Management and general (from line 44, column (C))		14	162,892.	
	15	Fundraising (from line 44, column (D))		15	225,487.	
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 16 and 44, column (A))		17	1,895,904.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	260,875.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,849,615.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1		20	22,645.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	2,133,135.	



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	286,888.	272,544.	5,737.	8,607.
26 Other salaries and wages	734,489.	569,483.	95,557.	69,449.
27 Pension plan contributions	70,000.	57,708.	6,942.	5,350.
28 Other employee benefits	75,176.	61,976.	7,455.	5,745.
29 Payroll taxes	59,512.	49,062.	5,902.	4,548.
30 Professional fundraising fees				
31 Accounting fees	14,028.	11,257.	1,565.	1,206.
32 Legal fees				
33 Supplies	8,049.	6,459.	898.	692.
34 Telephone	8,275.	6,641.	923.	711.
35 Postage and shipping	99,964.			99,964.
36 Occupancy	220,303.	176,790.	24,575.	18,938.
37 Equipment rental and maintenance	7,712.	6,189.	860.	663.
38 Printing and publications	79,434.	75,735.	2,089.	1,610.
39 Travel	12,113.	9,721.	1,351.	1,041.
40 Conferences, conventions, and meetings	13,537.	10,970.	1,450.	1,117.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	26,243.	21,805.	2,507.	1,931.
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e SEE STATEMENT 2	180,181.	171,185.	5,081.	3,915.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,895,904.	1,507,525.	162,892.	225,487.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a _____
SCIENTIFIC & EDUCATIONAL (Grants and allocations \$ _____) 1,185,947.
b _____
BIOMONITORING PROJECT (Grants and allocations \$ _____) 92,110.
c SEE STATEMENT 4
(Grants and allocations \$ _____) 114,450.
d _____
CIGARETTES AND MEDIAL SPECIALTY FUND (Grants and allocations \$ _____) 36,164.
e Other program services (attach schedule) STATEMENT 5 (Grants and allocations \$ _____) 78,854.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,507,525.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	161,358.	45	281,691.
	46 Savings and temporary cash investments	39,946.	46	39,860.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	28,348.	49	141,500.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	25,112.	53	32,248.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other SEE STATEMENT 6	1,451,571.	56	1,519,935.	
57 a Land, buildings, and equipment basis	57a 140,892.			
b Less accumulated depreciation	57b 54,150.	107,973.	57c 86,742.	
58 Other assets (describe SEE STATEMENT 7)	64,704.	58	66,021.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,879,012.	59	2,167,997.	
Liabilities	60 Accounts payable and accrued expenses	29,397.	60	34,862.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	29,397.	66	34,862.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,502,411.	67	1,841,180.
	68 Temporarily restricted	347,204.	68	291,955.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,849,615.	73	2,133,135.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,879,012.	74	2,167,997.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> , section 4955 <input type="text" value="0."/>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/>		
90 a	List the states with which a copy of this return is filed <input type="text" value="NEW YORK, NEW JERSEY"/>		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	13
91	The books are in care of <input type="text" value="THE ORGANIZATION"/> Telephone no <input type="text" value="212-362-7044"/>		
	Located at <input type="text" value="1995 BROADWAY, NEW YORK, NY"/> ZIP + 4 <input type="text" value="10023-5860"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="N/A"/>	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	48,964.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		48,964.	0.
105 Total (add line 104, columns (B), (D), and (E))				48,964.	48,964.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract described in section 501(c)(17)?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: *[Signature]* Date: 11

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGRATH, DOYLE & PHAIR
150 BROADWAY, SUITE 191
NEW YORK, NY 10038-4499

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 8		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶ _____**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN OR (LOSS) ON MARKETABLE SECURITIES		22,645.	
TOTAL TO FORM 990, PART I, LINE 20		22,645.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MESSENGER SERVICE	2,079.	1,672.	230.	177.	
RESEARCH COSTS	33,440.	32,723.	405.	312.	
PAYROLL SERVICE EXPENSE	1,762.	1,453.	175.	134.	
MISCELLANEOUS EXPENSE	11,846.	9,825.	1,141.	880.	
OFFICE EXPENSE-INDEPENDENT CONTRACTOR	2,180.	1,749.	244.	187.	
COMPUTER CHARGES	9,577.	7,686.	1,068.	823.	
OTHER PROFESSIONAL FEES	104,025.	103,821.	115.	89.	
INSURANCE	12,168.	9,765.	1,357.	1,046.	
25TH ANNIVERSARY EXPENSES	0.				
CREDIT CARD COST	3,104.	2,491.	346.	267.	
TOTAL TO FM 990, LN 43	180,181.	171,185.	5,081.	3,915.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
PART III			

EXPLANATION

THE AMERICAN COUNCIL ON SCIENCE & HEALTH IS A CONSUMER EDUCATION CONSORTIUM CONCERNED WITH ISSUES RELATED TO FOOD, NUTRITION, CHEMICALS, PHARMACEUTICALS, LIFESTYLE, HEALTH & THE ENVIRONMENT.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE THREE

DEVELOPMENT FUND RAISING FEASIBILITY FUND

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		114,450.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
MEDIA ADVOCACY FUND		3,236.
CHILDREN'S ASTHMA FUND		11,703.
TOBACCO AND WOMEN MAGAZINE FUND		22,160.
OSTEOPOROSIS FUND		28,812.
NYC ADVISORY COUNCIL FUND		12,943.
TOTAL TO FORM 990, PART III, LINE E		78,854.

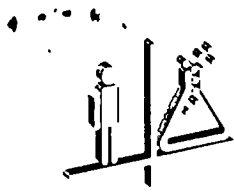
FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
FIDELITY GINNIE MAE FUND	COST	25,503.
T.ROWE PRICE GINNIE MAE FUND	COST	336,331.
FIDELITY EQUITY FUNDS	COST	1,084,572.
COMMON STOCKS	COST	73,529.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,519,935.

FORM 990	OTHER ASSETS	STATEMENT	7
DESCRIPTION		AMOUNT	
SECURITY DEPOSIT		59,990.	
OTHER		6,031.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		66,021.	

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC, . PART III, LINE 2	STATEMENT	8
------------	--	-----------	---

SEE PART V FORM 990



AMERICAN COUNCIL ON SCIENCE AND HEALTH

1995 BROADWAY 2ND FLOOR NEW YORK, NY 10023-5860
TELEPHONE (212) 362-7044 • FAX (212) 362-4919
www.acsh.org • acsh@acsh.org

BOARD OF TRUSTEES

FREDERICK ANDERSON, ESQ.
MCKENNA LONG & MURDRIE

JACK FISHER, M.D.
PLASTIC SURGERY RESEARCH
FOUNDATION

C. BOYDEN GRAY, ESQ.
WHELER CUTLER PROKING, HALE AND
DORR LLP

THOMAS CAMPBELL JACKSON, M.P.H.
PAMELA B. JACKSON AND THOMAS C.
JACKSON CHARITABLE FUND

ELIZABETH MCCAUGHEY, Ph.D.
COMMITTEE TO REDUCE INFECTION
DEATHS

JOHN MOORE, Ph.D., M.B.A.
GROVE CITY COLLEGE, PRESIDENT
EMERITUS

ELIZABETH M. WHELAN, Sc.D., M.P.H.
AMERICAN COUNCIL ON SCIENCE AND
HEALTH

STEPHEN T. WHELAN, ESQ.
THAYER PROFIT AND WOOD

FOUNDERS CIRCLE

ELISSA P. BENEDEK, M.D.
UNIVERSITY OF MICHIGAN

NORMAN E. BORLAUG, Ph.D.
TEXAS A&M UNIVERSITY

MICHAEL B. BRACKEN, Ph.D., M.P.H.
YALE UNIVERSITY SCHOOL OF
MEDICINE

CHRISTINE M. BRUHN, Ph.D.
UNIVERSITY OF CALIFORNIA

TAIWO K. DANMOLA, C.P.A.
ERNST & YOUNG

THOMAS R. DR. GREGORI, Ph.D.
UNIVERSITY OF HOUSTON

HENRY J. MILLER, M.D.
HOOVER INSTITUTION

A. ALAN MOGHISSI, Ph.D.
INSTITUTE FOR REGULATORY SCIENCE

ALBERT G. NICKEL
DONSWAY NICKEL SMITH INC.

KENNETH M. PRAGER, M.D.
COLUMBIA COLLEGE OF PHYSICIANS
AND SURGEONS

STEPHEN S. STERNBERG, M.D.
MEMORIAL SLOAN KETTERING CANCER
CENTER

LORRAINE THELIAN
KETCHUM

KIMBERLY M. THOMPSON, Sc.D.
HARVARD SCHOOL OF PUBLIC HEALTH

ROBERT J. WHITE, M.D., Ph.D.
CASE WESTERN RESERVE UNIVERSITY

PRESIDENT

ELIZABETH M. WHELAN, Sc.D., M.P.H.
PRESIDENT AND FOUNDER

ACSH STAFF

MARA BURNEY
RESEARCH ASSOCIATE

JUDITH A. D'AGOSTINO
ADMINISTRATIVE ASSISTANT

RUTH KAVA, Ph.D., R.D.
DIRECTOR OF NUTRITION

PATRICIA A. KEENAN
EXECUTIVE ASSISTANT TO THE
PRESIDENT

A. MARCIAL C. LAPENA
MCCOUBERT

JENNIFER LEE
ART DIRECTOR

CHERYL E. MARTIN
ASSOCIATE DIRECTOR

GILBERT L. ROSS, M.D.
EXECUTIVE AND MEDICAL DIRECTOR

TODD NEAVEY
DIRECTOR OF PUBLICATIONS

JEFF STIER, ESQ.
ASSOCIATE DIRECTOR

AUBREY STIMOLA
ASSISTANT DIRECTOR OF PUBLIC
HEALTH

RIVKA WEISER
ASSISTANT DIRECTOR OF PUBLIC
HEALTH

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization AMERICAN COUNCIL ON SCIENCE & HEALTH	Employer identification number 13-2911127
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1995 BROADWAY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. NEW YORK, NY 10023	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No. ▶ **212-362-7044** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**.
- 2** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.