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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

Open to Public  
Inspection

A For the 2015 calendar year, or tax year beginning JULY 01, 2015, and ending JUNE 30, 2016

B Check if applicable

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

C Name of organization THE ADHESION SOCIETY

Doing business as

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

Room/suite

7101 WISCONSIN AVE STE

990

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

BETHESDA MD 20814

D Employer identification number

34-1287412

E Telephone number

(614) 445-1419

G Gross receipts \$

204,281

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number 0501

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

J Website: NA

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1975

M State of legal domicile MD

## Part I Summary

1 Briefly describe the organization's mission or most significant activities.

FURTHER ADVANCES IN THE SCIENCES OF ADHESION

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .

5

6 Total number of volunteers (estimate if necessary) . . . . .

6

258

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7a

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b

0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .		18,190
	9 Program service revenue (Part VII, line 2g) . . . . .	153,030	185,831
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	13,500	213
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		47
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	166,530	204,281
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	140,211	
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .		
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	b Total fundraising expenses (Part IX, column (D), line 25) . . . . .		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .		184,602
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	140,211	184,602
	19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	26,319	19,679
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	152,256	171,903
	21 Total liabilities (Part X, line 26) . . . . .		
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	152,256	171,903

## Part II Signature Block

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 of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date

CHARLES SHUSTER

TREASURER

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

NESLEY THOMAS

Preparer's signature

Date

11-15-2016

Check ☐ if

self-employed

PTIN

P00054939

Firm's name HRB TAX GROUP INC

Firm's EIN 431871840

Firm's address 3763 AND 3767 RIDGE MILL DR

Phone no.

HILLIARD OH 43026

6149211304

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SCANNED JAN 25 2017

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