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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public  
Inspection

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).

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

B Check if applicable	C Name of organization THE ADHESION SOCIETY			D Employer identification number 34-1287412	
<input type="checkbox"/> Address change	Doing business as			E Telephone number (614) 445-1419	
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite 990	G Gross receipts \$ 204,281
<input type="checkbox"/> Initial return	7101 WISCONSIN AVE STE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code BETHESDA MD 20814			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return	F Name and address of principal officer: SEE ATTACHMENT #1			If "No," attach a list. (see instructions)	
<input type="checkbox"/> Application pending				H(c) Group exemption number ► 0501	
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				J Website: ► NA	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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

Activities & Governance	2 Check this box ► <input type="checkbox"/> 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) .....	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....
6 Total number of volunteers (estimate if necessary) .....	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7b Net unrelated business taxable income from Form 990-T, line 34 .....	258
8 Contributions and grants (Part VIII, line 1h) .....	PRIORITY COPY		
9 Program service revenue (Part VIII, line 2g) .....	18,190		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	153,030 185,831		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	13,500 213		
12 Total revenue -- add lines 8 through 10 (must equal Part VIII, column (A), line 12) .....	47		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	166,530 204,281		
14 Benefits paid to or for members (Part IX, column (A), line 4) .....	140,211		
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.

SCANNED JAN 25 2017

Sign Here	Signature of officer CHARLES SHUSTER	Date
	Type or print name and title TREASURER	

Paid Preparer Use Only	Print/Type preparer's name NESLEY THOMAS	Preparer's signature <i>Thomas ET</i>	Date 11-15-2016	Check <input type="checkbox"/> 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 HILLIARD OH 43026	Phone no. 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.

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