# EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

and ending

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	□Addres	MILE ELECTROCHEMICAL COCTEMN INC						
H	chang			13_1	771269			
F	chang	Doing business as  Number and street (or P.0. box if mail is not delivered to street address)	Room/suite					
F	return _Fiṇal	65 S MAIN ST	NUUII/Suite	E Telephone numbe	737-1902			
	lreturn/ termin ated			G Gross receipts \$	15,045,418.			
	Amend			H(a) Is this a group re				
F	⊥return ☐Applic _tion			for subordinates				
_	pendir	65 S MAIN, PENNINGTON, NJ 08534		H(b) Are all subordinates in				
$\overline{}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	or 527	1	list. (see instructions)			
		e: ► WWW.ELECTROCHEM.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: NY			
	art I	Summary						
О	1	Briefly describe the organization's mission or most significant activities: ADVA	NCE TH	EORY & PRAC	TICE OF			
Activities & Governance		ELECTROCHEMISTRY, SOLID STATE SCIENCE, &	ALLIE	D SUBJECTS.	TO			
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	23			
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			22			
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			35			
Ξŧ		Total number of volunteers (estimate if necessary)			500			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		-103,781.			
	_			Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		382,875. 6,310,814.	336,421.			
Revenue		Program service revenue (Part VIII, line 2g)		119,628.	14. 5,932,641. 28. 889,603.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,473.	53,377.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,840,790.	7,212,042.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		272,777.	218,590.			
	1			0.	0.			
10	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,704,834.	2,755,283.			
Expenses				0.	0.			
be	b	Professional fundraising fees (Part IX, column (A), line 11e)	44.					
й		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,719,162.	3,777,174.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,696,773.	6,751,047.			
	19	Revenue less expenses. Subtract line 18 from line 12		144,017.	460,995.			
or				ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		17,884,365.	19,373,210.			
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)		2,373,433.	2,322,726.			
		Net assets or fund balances. Subtract line 21 from line 20		15,510,932.	17,050,484.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich preparer	has any knowledge.				
٠.		Signature of officer		I Date				
Sig		ROQUE CALVO, EXECUTIVE DIRECTOR		Buto				
Hei	re	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	TI PTIN			
Pai	d	JOHN A. HORVATH		if	P00011739			
	parer	Firm's name HORVATH & GIACIN, P.C.	self-employ Firm's EIN ▶	22-3490175				
	Only	Firm's address 130 ROUTE 31 NORTH, SUITE A		1 3				
	,	PENNINGTON, NJ 08534		Phone no. 60	9-737-0300			
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110:30	X Yes No			
ivia	y 1116 IF	o 47. LLA For Poportycerk Poduction Act Notice and the congrete instruction			Larm QQN (2017)			

Pa	t 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:
	ADVANCE THEORY & PRACTICE OF ELECTROCHEMISTRY, SOLID STATE SCIENCE,
	ETC. AND TO ENCOURAGE RESEARCH, DISCUSSION, CRITICAL ASSESSMENT &
	DISSEMINATION OF KNOWLEDGE IN THESE FIELDS. THE SOCIETY HOLDS
	MEETINGS, PUBLISHES SCIENTIFIC PAPERS, FOSTERS TRAINING AND EDUCATION
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 X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,460,962. including grants of \$ ) (Revenue \$ 2,599,315.)
	PUBLISH 4 PEER REVIEW JOURNALS, SYMPOSIUM VOLUMES, MEETING ABSTRACTS,
	MEMBER MAGAZINES AND MONOGRAPH VOLUMES. ALL PUBLICATIONS WITH THE
	EXCEPTION OF MONOGRAPH VOLUMES ARE AVAILABLE IN DIGITAL FORM AND
	AVAILABLE IN THE ECS DIGITAL LIBRARY. CIRCULATE MONTHLY JOURNALS AND
	QUARTERLY MAGAZINE TO SUBSCRIBERS AND MEMBERS, PUBLISH HARDBOUND AND
	SOFTBOUND VOLUMES FOR SALE.
4b	(Code: ) (Expenses \$ 442,494. including grants of \$ ) (Revenue \$ 606,331.)
710	MEMBERSHIP: COLLECT ANNUAL DUES FROM FOREIGN AND DOMESTIC MEMBERS. ECS
	MEMBERSHIP IN 2017 TOTALLED 5,252: 3,311 ACTIVE, 1,532 STUDENT, 127
	LIFE, & 282 INSTITUTIONAL REPRESENTATIVES.
	HIFE, & ZOZ INDITIOITOMAE KERKEDENTATIVED.
4c	
	SOCIETY MEETINGS: SPONSOR BI-ANNUAL LARGE-SCALE CONVENTIONS.
	ATTENDANCE FROM MEMBERS, NONMEMBERS AND EXHIBITORS AS WELL AS PERIODIC
	SATELLITE MEETINGS.
	ATTENDANCE AT FALL MEETING WAS 2,419.
	ATTENDANCE AT SPRING MEETING WAS 1,914.
4d	
	(Expenses \$ 430,348 • including grants of \$ 218,590 •) (Revenue \$ 29,595 •)
4e	Total program service expenses ► 5,641,651.
	Form <b>990</b> (2017)

# Part 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	Х	
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			
	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	Х	
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	77	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.	Х	
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Δ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		-22
19		19		Х
	complete Schedule G, Part III	שו		

Form **990** (2017)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 78			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lib   °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		4.	х	
0-	(gambling) winnings to prize winners?	I	1c	Λ	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 35			
h	filed for the calendar year ending with or within the year covered by this return		2b	х	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		20		
За		9/	За	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		- 55		
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a	х	
b	If "Yes," enter the name of the foreign country:   JAPAN	aoooani,			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ exc$	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	· · · · · · · · · · · · · · · · · · ·			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
^			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		96		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
'' a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
-	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1=0.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Eorm	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<del></del>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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	Х	
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	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	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	
b	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	Х	
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	Did the organization have a written conflict of interest policy? If "No," go to line 13	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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ			
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)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's 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	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PAUL GROTE - 609-737-1902			
	65 S MAIN ST, PENNINGTON, NJ 08534-2839			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

X

#### 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l g		((		про	1001	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direc.				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	ınal tr		loyee	o mp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROQUE CALVO	37.50	드	드	0	호	工品	꼰			
EXEC DIRECTOR/CEO (1991-PRESENT)		х		х				259,527.	0.	55,053.
(2) JOHNA LEDDY	1.00									-
PRESIDENT		Х		Х				0.	0.	0.
(3) YUE KUO	1.00									
SR. VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CHRISTINA BOCK	1.00									
2ND VICE PRESIDENT		Х		Х				0.	0.	0.
(5) STEFAN DE GENDT	1.00									
3RD VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JAMES FENTON	4.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(7) E. JENNINGS TAYLOR	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) STANKO BRANKOVIC	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) MIKHAIL BRIK	1.00	l							•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) GRAHAM CHEEK	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) ANDY HERRING	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) GREG JACKSON	1.00	٠,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) CHRISTOPHER JOHNSON	1.00	X						0.	0.	^
BOARD MEMBER	1.00	^						0.	0.	0.
(14) YAW OBENG	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(15) COLM O'DWYER	1.00	Х						0.	0.	0.
BOARD MEMBER (16) DOUGLAS REIMER	1.00	^						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) SLAVA ROTKIN	1.00	<u> </u>	$\vdash$	$\vdash$	$\vdash$		$\vdash$	0.	0.	•
BOARD MEMBER	1.00	Х						0.	0.	0.
732007 11-28-17	<u> </u>	- 23							0.	Form <b>990</b> (2017)

Form **990** (2017)

Part VII Section A. Officers, Directors, Tru	stees, Key Em								es (continued)	205 Tage C
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average hours per week  Average hours per week  Position (do not check more than one box, unless person is both ar officer and a director/trustee)					than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) ALICE SUROVIEC	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(19) SANNAKAISA VIRTANEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) ERIC WACHSMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) NIANQIANG WU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) KRISHNAN RAJESHWAR	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(23) STUART SWIRSON	1.00									
NON PROFIT FINANCIAL PROFESSIONAL		Х						0.	0.	0.
(24) DANIEL SCHERSON	1.00									
PAST PRESIDENT THROUGH 2017		Х						0.	0.	0.
(25) SCOTT CALABRESE BARTON	1.00									
BOARD MEMBER THROUGH 2017		Х						0.	0.	0.
(26) TURGUT GUR	1.00									
BOARD MEMBER THROUGH 2018		Х						0.	0.	0.
1b Sub-total	•						<u> </u>	259,527.	0.	55,053.
c Total from continuation sheets to Part							<b>&gt;</b>	407,781.	0.	67,033.
d Total (add lines 1b and 1c)								667,308.	0.	122,086.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Per No

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
REDEYE, INC., 1675 WHITEHORSE MERCERVILLE	INFORMATION	
	TECHNOLOGY SERVICES	297,387.
APTARA, INC., BOX #13963 COLLECTIONS		
CENTER DRIVE, CHICAGO, IL 60693	PUBLISHING SERVICES	291,989.
HILTON NEW ORLEANS RIVERSIDE		
2 POYDRAS STREET, NEW ORLEANS, LA 70140	CONFERENCE SERVICES	245,051.
MARRIOTT BUSINESS SERVICES		
P.O. BOX 402642, ATLANTA, GA 30384	CONFERENCE SERVICES	234,399.
MARRIOTT HOTEL SERVICES, INC.		
201 WATERFRONT STREET, OXON HILL, MD 20745	CONFERENCE SERVICES	220,053.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

(A) Name and title (B) Average Pour Position (Check Hard apply) Reportable Compensation (Paganization of Position (Paganization of Position (Paganization of Paganization of P	Form 990 THE ELEC	TROCHEM:	I CZ	ΑL	SC	DC:	[E]	CY,	, INC.	13-177	1269	
Name and title												
Nours   Pawer   Record   Payer   Pawer   Record   Payer   Payer   Record   Payer   P								(D)	(E)	(F)		
Per   Week (list arry   hours for related organization   week (list arry   hours for related organizations   week (list arry   hours for related org	Name and title	Average			Pos	ition	l		Reportable	Reportable	Estimated	
week (list any hours for related organizations placed organizations pl		hours	(cl	neck	all t	that	арр	ly)	compensation			
(list any variety or related organization organization organizations o												
1.00							loyee					
1.00			direct				d emp		(M/2/1000-MISC)	(W-2/1099-MISC)		
1.00			e or (	stee			ısate		(***-27 1099-181100)			
1.00			truste	al tru		yee	mpe					
1.00			idual	tution	ь e	oldme	est co	Je.			· ·	
MARI   MARI   VARREERG   1.00		line)	Indiv	Insti	Offic	Key	High	Form				
1.00   X	(27) PAWEL KULESZA	1.00										
NARIO MEMBER THROUGH 2020	BOARD MEMBER THROUGH 2019		Х						0.	0.	0.	
229   ELIZABETH PODLAHA MURPHY   1.00	(28) MARK OVERBERG	1.00										
NARD MEMBER THROUGH 2021   X	BOARD MEMBER THROUGH 2020		Х						0.	0.	0.	
330   MADIS RAUKAS   1.00   X   0.00   0.0	(29) ELIZABETH PODLAHA-MURPHY	1.00										
330   MADIS RAUKAS   1.00   X	BOARD MEMBER THROUGH 2021		Х						0.	0.	0.	
1.00	(30) MADIS RAUKAS	1.00										
1.00	BOARD MEMBER THROUGH 2022		Х						0.	0.	0.	
37.50   X	(31) MEKKI BAYACHOU	1.00										
X	BOARD MEMBER THROUGH 2023		Х						0.	0.	0.	
33   MARY YESS	(32) PAUL GROTE	37.50										
33   MARY YESS	DIRECTOR OF FINANCE				Х				108,826.	0.	28,370	
37.50 X 143,282. 0. 14,378	(33) MARY YESS	37.50										
37.50 X 143,282. 0. 14,378	CHIEF CONTENT OFFICER						Х		155,673.	0.	24,285.	
	(34) TIM GAMBERZKY	37.50										
	CHIEF OPERATING OFFICER		1				Х		143,282.	0.	14,378.	
407.791												
407.781												
407.791												
407.781												
407.791												
407 781			1									
407.791												
407.781			1									
407 781												
407.781			1									
407.781												
407.781			1									
407.781												
407.781			1									
407.781												
407.781			1									
407 781												
407 781			1									
407 781												
407 781			1									
407 781		1		_		_						
lotal to Part VII. Section A. line 1c	Total to Part VII, Section A, line 1c								407,781.		67,033.	

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 336,421 g Noncash contributions included in lines 1a-1f: \$ 336,421 h Total. Add lines 1a-1f Business Code 2 a SOCIETY MEETING AND ACTIVITIES Program Service Revenue 900099 2,697,400. 2,697,400 b SUBSCRIPTIONS 519100 2,599,315 2,599,315 MEMBERSHIP DUES 900099 606,331 606,331 CONSTITUENT PROGRAMS 900099 29,595 29,595 f All other program service revenue g Total. Add lines 2a-2f. 5,932,641 Investment income (including dividends, interest, and 264,305. other similar amounts) 264,305 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 564,674 6 a Gross rents 512,972, **b** Less: rental expenses ...... 51,702. c Rental income or (loss) 51,702. 51,702 d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 7,945,702 assets other than inventory b Less: cost or other basis 7,320,404 and sales expenses 625,298. c Gain or (loss) 625,298 625,298. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 1,675 1,675. b d All other revenue 1,675 e Total. Add lines 11a-11d 7,212,042. Total revenue. See instructions. 5,932,641 942,980.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com-	plete all columns. All oth	ner organizations must co	omplete column (A).		
Check if Schedule O contains a respor	nse or note to any line in	this Part IX		[	
Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraisina	

	Check if Schedule O contains a respon	e or note to any line in this Part IX						
Do	not include amounts reported on lines 6b,	(A) I	(B)	(C)	(D)			
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising			
1	Grants and other assistance to domestic organizations		expenses	gerierai experises	expenses			
'		100,000.	100,000.					
_	and domestic governments. See Part IV, line 21	100,000.	100,000.					
2	Grants and other assistance to domestic	40 060	10 060					
	individuals. See Part IV, line 22	48,060.	48,060.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign	-a -a	<b>50 500</b>					
	individuals. See Part IV, lines 15 and 16	70,530.	70,530.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	789,394.	487,451.	227,898.	74,045.			
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	1,446,797.	1,076,917.	192,444.	177,436.			
8	Pension plan accruals and contributions (include							
J	section 401(k) and 403(b) employer contributions)	101,860.	73,385.	18,880.	9,595.			
0	The state of the s	245,512.	196,994.	27,857.	20,661.			
9	Other employee benefits	171,720.	149,069.	11,437.	11,214.			
10	Payroll taxes	1/1,/20•	149,009.	11,43/•	11,214.			
11	Fees for services (non-employees):							
а	Management	0 700	F 400	0 520	004			
b	Legal	8,790.	5,428.	2,538.	824.			
С	Accounting	46,393.	28,647.	13,394.	4,352.			
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch O.)	234,876.	176,868.	27,874.	30,134.			
12	Advertising and promotion	112,244.	88,874.	5,778.	17,592.			
13	Office expenses	131,067.	56,773.	71,068.	3,226.			
14	Information technology	285,920.	176,556.	82,545.	26,819.			
15	Royalties	18,069.	18,069.					
16								
	Occupancy	132,284.	115,936.	7,327.	9,021.			
17	Travel	132,204.	113,330.	7,527	7,021.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	1 576 216	1 576 216					
19	Conferences, conventions, and meetings	1,576,216.	1,576,216.					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	25 125	22 212	10 = 10				
23	Insurance	37,105.	22,913.	10,712.	3,480.			
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 O.)							
а	PUBLICATIONS	967,107.	967,107.					
b	AWARDS EXPENSE	136,348.	136,348.					
C	CONSITUENT SERVICES EXP	64,625.	64,625.					
d	FUNDRAISING	21,245.	,		21,245.			
e	<del></del>	4,885.	4,885.	+	,			
25	Total functional expenses. Add lines 1 through 24e	6,751,047.	5,641,651.	699,752.	409,644.			
26	Joint costs. Complete this line only if the organization	J, J =   U =   4	5,511,051	JJ   1 J L 6	-00,044			
∠0								
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

Form **990** (2017)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,150,708.	1	1,491,540.
	2	Savings and temporary cash investments			323,359.	2	
	3	Pledges and grants receivable, net			21,010.	3	30,695.
	4	Accounts receivable, net		39,755.	4	2,690.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	nployees. 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					
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			176,986.	9	338,035.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,007,612.			
	b			5,007,612.	4,149,379.	10c	4,064,275. 13,380,408.
	11	Investments - publicly traded securities	11,636,078.	11	13,380,408.		
	12	Investments - other securities. See Part IV, line			335,790.	12	423.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	51,300.	15	65,144.		
	16	Total assets. Add lines 1 through 15 (must equ			17,884,365.	16	19,373,210.
	17	Accounts payable and accrued expenses			408,176.	17	432,168.
	18	Grants payable		18			
	19	Deferred revenue			1,758,066.	19	1,641,330.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	424.	21	424.
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
≣		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				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	206 767		040 004
		Schedule D			206,767.	25	248,804.
	26	Total liabilities. Add lines 17 through 25			2,373,433.	26	2,322,726.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses	l	complete lines 27 through 29, and lines 33 an			12 072 061		15 400 075
<u>a</u>	27	Unrestricted net assets			13,972,061. 579,803.	27	15,408,075. 683,341.
Ba	28	Temporarily restricted net assets		959,068.	28	959,068.	
<u>n</u>	29				939,000.	29	939,000.
乓		Organizations that do not follow SFAS 117 (A	SC 958	3), check here $ ightharpoonup$			
S 0		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		<b> </b>	15,510,932.	32	17,050,484.
_	33	Total net assets or fund balances		1	17,884,365.	33	
	34	Total liabilities and net assets/fund balances			11,004,303.	34	19,373,210.

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	7	, 21	2,0	42.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,75		
3	Revenue less expenses. Subtract line 2 from line 1	3				95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				32.
5	Net unrealized gains (losses) on investments	5	1	,07	8,5	57.
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	17	,05	0,4	84.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
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	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization THE ELECTROCHEMICAL SOCIETY, INC. 13-1771269 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

# 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		`,	, ,	<u> </u>	` ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	_
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here			-		
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organizatior	າ			▶□
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - <b>2017.</b> If the orga	anization did not o	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check t	his box and <b>stop I</b>	<b>nere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s ▶□
		·			Cohe	dula A /Earm 000	or 000 EZ\ 0047

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	611,422.	1012581.	1116914.	1013658.	942,752.	4697327.
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	4796181.	5006536.	5506299.	5680031.	5326310.	26315357.
3	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	5407603.	6019117.	6623213.	6693689.	6269062.	31012684.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			12,800.	54,620.	3,131.	70,551.
k	Amounts included on lines 2 and 3 received			,	, ,	- ,	.,
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			194,688.	93,213.	59.000.	346,901.
,	Add lines 7a and 7b			207,488.	147,833.	62.131.	417,452.
	Public support. (Subtract line 7c from line 6.)					, _ ,	30595232.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	5407603.	6019117.	6623213.	6693689.	6269062.	31012684.
	Gross income from interest,	0 20 7 0 0 0 0	***************************************				
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	1487998.	1628805.	815, 226.	823,917.	828 979	5584925.
ŀ	Unrelated business taxable income			010,1200	020,027	02073730	33017231
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1487998.	1628805.	815, 226,	823,917.	828,979.	5584925.
	Net income from unrelated business	11073300	10200031	013,1201	023/31/1	02073730	33013231
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital	14,960.	12,374.	264.	2,086.	1,675.	31,359.
12	assets (Explain in Part VI.)	6910561.	7660296.	7438703.	7519692.		36628968.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization s	ilist, second, triir		•	. , . ,	zation,
	shook this hay and stan hare						
Sa	check this box and stop here		rcentage				
	ction C. Computation of Publ	ic Support Pe	rcentage				83 53 %
15	ction C. Computation of Publ Public support percentage for 2017 (l	ic Support Per ine 8, column (f) di	rcentage vided by line 13, c	olumn (f))		15	83.53 %
15 16	ction C. Computation of Publ Public support percentage for 2017 (I Public support percentage from 2016	ic Support Per line 8, column (f) di Schedule A, Part	rcentage vided by line 13, c III, line 15				83.53 % 83.69 %
15 16 <b>Se</b>	ction C. Computation of Publ Public support percentage for 2017 (I Public support percentage from 2016 ction D. Computation of Inves	ic Support Per ine 8, column (f) di Schedule A, Part stment Income	rcentage vided by line 13, c III, line 15 Percentage	olumn (f))		15 16	83.69 %
15 16 <b>Se</b> 17	Public support percentage for 2017 (In Public support percentage from 2016 Cation D. Computation of Investing Investment income percentage for 2016 Cation D. Computation of Investment income percentage for 2016 Cation D. Computation of Investment income percentage for 2016 Cation D. Computation of Investment Income percentage for 2016 Cation D. Computation of Investment Income percentage for 2016 Cation D. Computation of Investment Income percentage for 2016 Cation D. Cat	ic Support Per line 8, column (f) di 6 Schedule A, Part stment Income 117 (line 10c, colum	rcentage vided by line 13, c III, line 15 e Percentage nn (f) divided by lin	eolumn (f))		15 16	83.69 % 15.25 %
15 16 Sec 17 18	Public support percentage for 2017 (In Public support percentage from 2016 ction D. Computation of Investment income percentage from 2018 Investment income percentage from 2018	ic Support Per line 8, column (f) di 5 Schedule A, Part stment Income 117 (line 10c, colum 2016 Schedule A, I	rcentage vided by line 13, o III, line 15 e Percentage nn (f) divided by line Part III, line 17	e 13, column (f))		15 16 17 18	83.69 % 15.25 % 15.21 %
15 16 Sec 17 18	Public support percentage for 2017 (In Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 Investment income percentage from 2018 a 33 1/3% support tests - 2017. If the	ic Support Per line 8, column (f) di Schedule A, Part stment Income 17 (line 10c, colum 2016 Schedule A, I organization did n	rcentage vided by line 13, c III, line 15 e Percentage on (f) divided by line Part III, line 17 ot check the box of	ne 13, column (f)) on line 14, and line	15 is more than 3	15   16   17   18   3 1/3%, and line	83.69 <u>%</u> 15.25 <u>%</u> 15.21 <u>%</u> 17 is not
15 16 Sec 17 18 19	Public support percentage for 2017 (In Public support percentage from 2016 etion D. Computation of Investment income percentage from 2016 investment income percentage from 2016 a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a	ic Support Per line 8, column (f) di Schedule A, Part stment Income 17 (line 10c, colum 2016 Schedule A, I organization did n nd stop here. The	rcentage vided by line 13, of the series of	ne 13, column (f)) on line 14, and line	15 is more than 3	15   16   17   18   3 1/3%, and line ation	83.69 % 15.25 % 15.21 % 17 is not
15 16 Sec 17 18 19	Public support percentage for 2017 (In Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 Investment income percentage from 2018 a 33 1/3% support tests - 2017. If the	ic Support Per line 8, column (f) di Schedule A, Part stment Income 17 (line 10c, colum 2016 Schedule A, I organization did n nd stop here. The organization did n	rcentage vided by line 13, of the percentage of	ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	15 is more than 3 supported organiza	15	83.69 %  15.25 % 15.21 %  17 is not  And

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pai	art IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ection B. Type I Supporting Organizations		<u> </u>	·
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			<u> </u>
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations	•		•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ıx		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c	ntity (see instruction	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3				
а				
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	3 1 71 3 7			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	1	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
		de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
		·	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From 2014				
d	# From 2015				
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	С.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
_	Гуссо	a from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

	Part IV, Sec line 1; Part	tion A, li IV, Secti ines 5, 6	nes 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; I , and 8; and Part V,	4c, 5a, 6 Part IV, S	6, 9a, 9b, 9c, Section E, line	11a, 11b, a es 1c, 2a, 2l	and 11c; b, 3a, an	Part IV, Sec d 3b; Part V,	tion B, lines 1 and 2 , line 1; Part V, Secti	; Part IV, Section C, on B, line 1e; Part V,
SCHE	DULE A,	PART	III, LINE	12,	EXPLAN	ATION	FOR	OTHER	INCOME:	
MISC	ELLANEOU	SIN	COME							
2013	AMOUNT:	\$	14,960.							
2014	AMOUNT:	\$	12,374.							
2015	AMOUNT:	\$	264.							
2016	AMOUNT:	\$	2,086.							
2017	AMOUNT:	\$	1,675.							

# Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2017

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
	0.	0.	12,800.	54,620.	3,131.
Total to Schedule A, Part III, Line 7a			12,800.	54,620.	3,131.

# Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2017

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
	0.	0.	194,688.	93,213.	0.
Fotal to Schedule A, Part III, Line 7b			194,688.	93,213.	59,000

# Schedule A

# Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2017

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	Amount Received in 2017	2017 Excess Payments
	59,000.	0.
Fotal Excess Payments to Schedule A, Part III, Line 7b, column (e)		59,000.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 13-1771269 THE ELECTROCHEMICAL SOCIETY, INC. Organization type (check one):

Filers of:		Section:	
Form 99	0 or 990-EZ	$\boxed{X}$ 501(c)( $^3$ ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General	Rule		
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules		
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year	
Caution	: An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),	

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

# THE ELECTROCHEMICAL SOCIETY, INC.

13-1771269

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	HOUSTON ENDOWMENT, INC  600 TRAVIS, STE 6400  HOUSTON, TX 77001	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	DR. WILLIAN D. BROWN  2407 E SWEETBRIAR DR  FAYETTEVILLE, AR 72701	\$9,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	DR. CARLTON M. OSBURN  103 HOMESTEAD DR  CARY, NC 27511	\$10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	UNIVERSITY OF VIRGINIA ALDERMAN LIBRARY, CATALOGING/PERIODICALS PO BOX 400151 CHARLOTTESVILLE, VA 22901	\$10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	ELENA HADDON  5094 VICTORIA HIIL DR  RIVERSIDE, CA 92501	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution  Person	
723452 11-0		\$	Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

# THE ELECTROCHEMICAL SOCIETY, INC.

13-1771269

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. 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	
		_		
		_		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_		
723453 11-01	-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)	

Employer identification number

Name of organization

THE EL	ECTROCHEMICAL SOCIETY,	TNC	13-1771269		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	ributions to organizations described columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
	Use duplicate copies of Part III if addition		riess for the year. (Effer this fillo, office.)		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
:					
-		()7			
		(e) Transfer of gif			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		-			
——   ·					
		(e) Transfer of gif	<u> </u>		
	Transferee's name, address, a	nd <b>ZIP</b> + 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 gif	t		
	Transferee's name, address, a	nd 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 gif	t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

# SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

		,,				
		01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of orga				Emp	loyer identification number
			CTROCHEMICAL SOC			13-1771269
Pa	art I-A	Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 of	organization.
1	Provide a	a description of the organiz	ation's direct and indirect politi	cal campaign activities	in Part IV.	
			ures			0.
			gn activities			
•	7 0 1011 110 0	. Trodito for political callipai	g., ac.,,,,,,	•••••		
Pa	art I-B	Complete if the ord	janization is exempt und	der section 501(c)	(3).	
			incurred by the organization un			
2	Enter the	amount of any excise tax	incurred by organization manag	ners under section 1955		·
			n 4955 tax, did it file Form 4720			
						L Yes L NO
Da	ort I_C	describe in Part IV.	janization is exempt und	der section 501(c)	except section 501	(0)(3)
			<u> </u>		<u> </u>	
			d by the filing organization for se			·
2			ization's funds contributed to o	-		
						,
3		•	. Add lines 1 and 2. Enter here		•	
4	Did the f	ling organization file Form	1120-POL for this year?			Yes No
5	Enter the	names, addresses and er	nployer identification number (E	IN) of all section 527 po	olitical organizations to which	ch the filing organization
	made pa	yments. For each organiza	tion listed, enter the amount pa	id from the filing organi	zation's funds. Also enter tl	ne amount of political
	contribut	ions received that were pr	omptly and directly delivered to	a separate political org	janization, such as a separa	ate segregated fund or a
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
				I	I	1

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2017 THE ELECTROCHEMICAL SOCIETY, INC. 13-177126 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	<b>)</b>
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	77			
a	Volunteers?	X	v		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?	X			
	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	X	71		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		X		
	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			<u> </u>	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), and if sith an (c) ROTU Part III. A lines 1 and 0 are presented				0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO," O	K (b) Pai	τ III-A, III	1e 3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ist); Part I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.  RT II-B, LINE 1A, 1G				
AL:	L ACTIVITY IS VOLUNTEER BASED WITH NO ASSOCIATED EX	PENSE			

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE ELECTROCHEMICAL SOCIETY, INC.

**Employer identification number** 13-1771269

Schedule D (Form 990) 2017

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990. Part X		<b>&gt;</b> \$

732051 10-09-17

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

Par	t III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further th	ne organization's exe	empt purpo	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						Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						7	77
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance					v	Yes	
	Did the organization include an amount on F				•	∟▲	」 Yes	No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete i							
ı aı	Endowment i dids. Complete	(a) Current year			(d) Three y	voare back	(a) Four	voare back
10	Beginning of year balance	11,163,088.	(b) Prior year 10,530,302.	8,291,924.	· · · · · ·	53,488.	` ,	217,373.
		131,033.	157,706.			07,993.		336,420.
	Contributions	543,218.	582,775.			07,627.		255,082.
	Grants or scholarships	0.	0.	78,892.		77,184.		13,813.
	Other expenditures for facilities	•		70,022.		,====		
ŭ	and programs	-93,217.	107,695.	-24,628.		0.		41,574.
f	Administrative expenses	492,000.						
g g	End of year balance	12,236,122.	11,163,088.	10,530,302.	8,2	91,924.	7 .	753,488.
2	Provide the estimated percentage of the cur				,	,	,	
	Board designated or quasi-endowment	86.60	%	,,,				
	Permanent endowment ► 7.80	%	<b>_</b> ′ -					
		<del>5.6</del> 0 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organiz	zation		
	by:	•			· ·			res No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.					·
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or o	, , ,	or other (c) A	Accumulate	ed	(d) Book	value
		basis (investr	·	` '	preciation			
1a	Land	1,252,		0,608.				,427.
b	Buildings	2,703,	335. 70	0,850.	943,3	37.	2,460	,848.
С	Leasehold improvements							
d	Equipment							
	Other						4 661	<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)			4,064	,275.

(H)

|--|

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

### Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>&gt;</b>

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	38,248.
(3)	DEFERRED COMPENSATION	210,556.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	248,804.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

6,751,047.

6,751,047.

4c

Schedule D	(Form 990) 2	2017	THE .	PPPCI	KOCUE	MICAL	SUCTETY,	TINC	•	T2-T1
Part XI	Reconcil	liation of	Reven	ue per	Audited	Financia	I Statements	With	Revenue po	er Return.

Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	nents w	ith Revenue per i	Returi	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.						
1	Total revenue, gains, and other support per audited financial statements	1	8,803,571.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	et unrealized gains (losses) on investments						
b	Donated services and use of facilities							
	Recoveries of prior year grants							
	Other (Describe in Part XIII.)		512,972	•]				
	Add lines 2a through 2d	2e	1,591,529.					
3	Subtract line 2e from line 1	3	7,212,042.					
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						
b	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b	4c	0.					
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7,212,042.					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.						
1	Total expenses and losses per audited financial statements			1	7,264,019.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
	Prior year adjustments							
	Other losses	1 _ 1						
d	Other (Describe in Part XIII.)	2d	512,972	•				
	Add lines 2a through 2d			2e	512,972.			

#### Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Subtract line **2e** from line **1** 

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

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:

TEXT OF FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN-48, THE SOCIETY FOLLOWS THE ACCOUNTING PRONOUNCEMENT THAT PROVIDES GUIDANCE ON UNCERTAIN TAX POSITIONS. THE SOCIETY HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2017. IN ADDITION, THE SOCIETY HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED ON THESE FINANCIAL STATEMENTS.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

Part XIII | Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART X

TEXT OF FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN-48, THE SOCIETY FOLLOWS THE ACCOUNTING PRONOUNCEMENT THAT PROVIDES GUIDANCE ON UNCERTAIN TAX POSITIONS. THE SOCIETY HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2017. IN ADDITION, THE SOCIETY HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED ON THESE FINANCIAL STATEMENTS.

PART IV, LINE 2B

BOTH CUSTODIAL ASSETS AND LIABILITIES OF \$424 ARE INCLUDED IN THE BALANCE SHEET. ASSETS ARE INCLUDED WITH INVESTMENTS.

PART V, LINE 4

THE SOCIETY'S ENDOWMENT FUNDS CONSIST OF SEVERAL FUNDS ESTABLISHED TO FUND AWARDS, AS WELL AS AN EDUCATIONAL ENDOWMENT FUND AND FREE THE SCIENCE FUND. THE ENDOWMENT FUNDS INCLUDE BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. THE SOCIETY HAS ADOPTED INVESTMENT POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

lacktriangle Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

					10 15510	- 0
THE ELECTROCHEM Part I General Info			tside the United States. Comple		13-177126	
Form 990, Part IV		ictivities Ou	iside the United States. Comple	ete if the organ	ization answered "	Yes" on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA			GRANTMAKING			51,530.
MIDDLE EAST & NORTH						
AFRICA			GRANTMAKING			7,500.
EUROPE			GRANTMAKING			7,500.
EAST ASIA & THE						
PACIFIC			GRANTMAKING			4,000.
3 a Sub-total	0	0				70,530.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				70,530.

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Schedule F (Form 990) 2017

			Outside the United States. Concated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH FELLOWSHIP	50,000.	CHECK	0.		
			_					

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt		
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ightharpoons	
2	Enter total number of other ergenizations or entities		

3 Enter total number of other organizations or entities .

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (g) Description of (h) Method of (e) Manner of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance MIDDLE EAST & DEAL/GROVE YOUNG AUTHOR AWARD NORTH AFRICA 1 7,500.CHECK 0. FMV DAVID C. GRAHAME AWARD NORTH AMERICA 1 1,000 CHECK 530. MEETING REGISTRATION FMV OLIN PALLADIUM AWARD EUROPE 1 7,500.CHECK 0. FMV EAST ASIA AND THE RICHARD SMALLEY AWARD PACIFIC 2,500 CHECK 0. FMV 1 EAST ASIA AND THE 1,500 CHECK PACIFIC 0. FMV THOMAS D. CALLINAN AWARD 1

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

## Schedule F (Form 990) 2017 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE ORGANIZATION GRANTS AWARDS AND FELLOWSHIPS TO RECIPIENTS BASED UPON WORK THAT HAS ALREADY BEEN PERFORMED PRIMARILY TO FURTHER THE STUDY IN THEIR FIELD. AWARD RECIPIENTS AND FELLOWS MUST BE NOMINATED USING A NOMINATION FORM. LETTERS OF ENDORSEMENT ARE REQUIRED. AWARD RECIPIENTS AND FELLOWS ARE CHOSEN BY THE HONORS AND AWARDS COMITTEE AND APPROVED BY THE BOARD OF DIRECTORS BASED UPON MERIT. PART I, LINE 3: THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2017**Open to Public

Inspection

**Employer identification number** Name of the organization THE ELECTROCHEMICAL SOCIETY, INC. 13-1771269 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, NORD HALL SUITE 615 - CLEVELAND, OH YOUNG RESEARCHER FELLOWSHIP 44106-7037 34-1018992 501(C)(3) 50,000. 0 REGENTS THE UNIVERSITY OF CALIFORNIA - 1 CYCLOTRON ROAD MAIL YOUNG RESEARCHER STOP 56A0120 - BERKELEY, CA 94720 501(C)(3) FELLOWSHIP 94-3067788 50,000. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EAL/GROVE YOUNG AUTHORS AWARD	1	2,500.	0.		
ARL WAGNER MEMORIAL AWARD	1	1,000.	530.	FMV	MEETING REGISTRATION
ANIEL CUBICIOTTI STUDENT AWARD	3	3,000.	0.		
AVIS C. GRAHAME AWARD	1	1,000.	530.	FMV	MEETING REGISTRATION
DWARD WESTON SUMMER FELLOWSHIP	1	5,000.	0.		

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### PART I, LINE 2:

THE ORGANIZATION GRANTS AWARDS AND FELLOWSHIPS TO RECIPIENTS BASED UPON

WORK THAT HAS ALREADY BEEN PERFORMED PRIMARILY TO FURTHER THE STUDY IN

THEIR FIELD. AWARD RECIPIENTS AND FELLOWS MUST BE NOMINATED USING A

NOMINATION FORM. LETTERS OF ENDORSEMENT ARE REQUIRED. AWARD RECIPIENTS AND

FELLOWS ARE CHOSEN BY THE HONORS AND AWARDS COMITTEE AND APPROVED BY THE

BOARD OF DIRECTORS BASED UPON MERIT.

Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedule	e I (Form 990), Part II	l.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GORDON E. MOORE AWARD	1.	7,500.	0.		
H.H. DOW MEMORIAL AWARD	1.	1,000.	0.		
NORMAN HACKERMAN YOUND AUTHORS AWARD	2.	3,000.	0.		
SRINIVASSAN YOUNG AUTHORS AWARD	1	1 000	0.		
SKINIVASSAN IOUNG AUTHORS AWARD	1.	1,000.	0.		
ECS SUMMER FELLOWSHIPS	2.	10,000.	0.		
BATTERY DIVISION TECHNOLOGY AWARD	1.	2,000.	0.		
BATTERY DIVISION POST-DOC RESEARCH AWARD	2.	4,000.	0.		
		,			
ELECTRODEPOSITION RESEARCH AWARD	1.	2,000.	0.		
ELECTRODEPOSITION DIVISION EARLY CAREER INVESTIGATOR AWARD	1.	1,000.	0.		

uals in the Unite	ed States (Schedule	I (Form 990), Part II	1.)	
<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1.	2,000.	0.		
1.	1,000.	0.		
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant  1. 2,000.	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance	recipients cash grant cash assistance valuation (book, FMV, appraisal, other)  1. 2,000. 0.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE ELECTROCHEMICAL SOCIETY, INC. Employer identification number 13-1771269

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	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  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Desire the control of			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		х
a	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	Х	<u> </u>
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The story of lines 4a o, list the persons and provide the applicable amounts for each term in a cin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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 in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) ROQUE CALVO	(i)	253,043.	6,484.	0.	44,760.	10,293.	314,580.	0.
EXEC DIRECTOR/CEO (1991-PRESENT)	(ii)	0.	0.	0.	0.	0.		0.
(2) MARY YESS	(i)	153,673.	2,000.	0.	12,454.	11,831.		0.
CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) TIM GAMBERZKY	(i)	138,282.	5,000.	0.	11,463.	2,915.		0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	1(11)						L	

Part III   Supplemental Information
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 7:
SEE SCHEDULE J, PART II, COLUMN B(II) FOR BONUS AND INCENTIVE COMPENSATION
INFORMATION.

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE ELECTROCHEMICAL SOCIETY, INC. **Employer identification number** 13-1771269

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENCOURAGE RESEARCH, DISCUSSION, CRITICAL ASSESSMENT & DISSEMINATION OF

KNOWLEDGE IN THESE FIELDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF SCIENTISTS AND ENGINEERS AND COOPERATES WITH OTHER ORGANIZATIONS TO

PROMOTE SCIENCE AND TECHNOLOGY IN THE PUBLIC INTEREST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AWARDS - PRESENT AWARDS FOR OUTSTANDING ACHIEVEMENTS IN THE FIELD OF ELECTROCHEMISTRY, INCLUDING AWARDS AND TRAVEL GRANTS TO ATTEND

MEETINGS.

CONSTITUENT PROGRAMS - PROVIDE EDUCATIONAL COURSES DURING THE BI-ANNUAL MEETINGS ON TOPICS RELATED TO THE SCIENCE OF ELECTROCHEMISTRY. FUND ECS STUDENT CHAPTERS AT UNIVERSITIES THROUGHOUT THE UNITED STATES AND IN SEVERAL FOREIGN COUNTRIES.

EXPENSES \$ 430,348. INCLUDING GRANTS OF \$ 218,590. REVENUE \$ 29,595.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS A BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS MEMBERS WHO HAVE THE POWER TO VOTE FOR THE BOARD OF DIRECTORS.

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

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

Name of the organization

THE ELECTROCHEMICAL SOCIETY, INC.

Employer identification number
13-1771269

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 WILL BE PROVIDED TO ALL MEMBERS OF THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. THE AUDIT COMMITTEE WILL REVIEW THE RETURN AND RECOMMEND THAT THE BOARD OF DIRECTORS APPROVE THE FORM 990. THE DRAFT FORM 990 WILL THEN BE PROVIDED TO THE BOARD IN ADVANCE OF ITS MEETING FOR REVIEW, COMMENT AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF

INTEREST ANNUALLY. CONFLICTS ARE REVIEWED AND EVALUATED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

FORMAL EMPLOYEE APPRAISALS ARE CONDUCTED ANNUALLY IN JANUARY FOR BOTH FULL AND PART-TIME EMPLOYEES. THE RESPONSIBILITIES OF EACH STAFF POSITION ARE CAPTURED IN JOB DESCRIPTIONS WHICH ARE REVIEWED AND UPDATED ANNUALLY.

SALARY ADJUSTMENTS ARE DETERMINED AT THE TIME OF THE APPRAISAL AND ARE BASED UPON PERFORMANCE AND COST OF LIVING ADJUSTMENTS.

ADJUSTMENTS ARE NOT RELEASED UNTIL ALL REVIEWS AND SALARY UPDATES HAVE BEEN COMPLETED. THE COMPENSATION PARAMETERS FOR EACH POSITION ARE DESCRIBED IN A SALARY RANGE, WHICH IS UPDATED ONCE PER YEAR IN JULY BASED ON CHANGES IN RESPONSIBILITIES AND COMPARABLE MARKET INFORMATION. SALARY AND BENEFIT AMOUNTS ARE APPROVED IN THE ANNUAL BUDGET BY THE ECS BOARD OF DIRECTORS.

THE EXECUTIVE DIRECTOR IS APPRAISED ANNUALLY IN OCTOBER BY THE ECS BOARD BASED UPON COMPENSATION AND PERFORMANCE REQUIREMENTS AS OUTLINED IN THE EMPLOYMENT CONTRACT.

THE ELECTROCHEMICAL SOCIETY, INC.	13-1771269
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST AND
VIA THE ORGANIZATION'S WEBSITE, D&B AND THE ECS QUARTERLY	INTERFACE
MAGAZINE.	
PART VII, SECTION A	
PLEASE NOTE THAT BOARD MEMBER TERMS RUN FROM OCTOBER TO S	EPTEMBER OF
EACH YEAR. A BOARD MEMBER SERVING FROM OCTOBER, 2017 THRU	SEPTEMBER,
2018 REFLECTS A CURRENT BOARD MEMBER. A BOARD MEMBER SERV	ING FROM
JANUARY THRU SEPTEMBER, 2017 REFLECTS A PAST BOARD MEMBER	.•
PART XII, LINE 2C	
THE COMPANY HAS AN AUDIT COMMITTEE THAT REVIEWS THE ANNUA	L AUDIT DONE
BY ITS INDEPENDENT CPA FIRM.	

#### **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

THE ELECTROCHEMICAL SOCIETY, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

Employer identification number 13-1771269

(f)

Direct controlling

of disregarded entity		foreign country)			e	ntity	
ECS HOLDINGS, LLC - 13-1771269							
SOUTH MAIN STREET							
PENNINGTON, NJ 08534	REAL ESTATE	NEW JERSEY	657	,765. 4,28	5,117.ECS		
	- -						
	_						
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	 answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more related tax-ex	empt	
· · · · · · · · · · · · · · · · · · ·							
(a)	(b)	(c)	(d)	(e)	(f)	(9	g)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	g) 512(b)(13) rolled :ity?
(a)					Direct controlling	contr ent	rolled ity?
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr	rolled
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?
(a) Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr ent	rolled ity?

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	entity (related, unrelated, income end-of-year assets allocations? anou 20 of \$\frac{1}{2}\$		allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>		
	1												
	1												
	1												
	1												
	1												
	1												
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	1												
				1									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		or tracty		400010		Yes	No
									l
									<del></del>
									l
									<u> </u>

Schedule R (Form 990) 2017

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one	e or more r	elated organizations listed	in Parts II-IV?		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
d	d Loans or loan guarantees to or for related organization(s)				1d	
е	e Loans or loan guarantees by related organization(s)				1e	
f	f Dividends from related organization(s)				1f	
g	g Sale of assets to related organization(s)				1g	
h	h Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	
-1	Performance of services or membership or fundraising solicitations for related organization(s	s)			11	
m	m Performance of services or membership or fundraising solicitations by related organization(s	s)			1m	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
0	Sharing of paid employees with related organization(s)				10	
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
r	Other transfer of cash or property to related organization(s)				1r	
s	s Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete t	his line, including covered	relationships and transaction thresholds.		
	Name of related organization Trans	(b) saction e (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved	
1)						
2)						
-						
3)						
4)						
5)						
6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501 (c) (3 orgs.? Yes N	(g) Share of end-of-year assets	Disproptionat allocatio	or- amount in box 2 of Schedule K-	General of managing partner?  Yes NO	(k) rPercentage ownership