Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

For the 2019 calendar year, or tax year beginning and ending D Employer identification number C Name of organization The Economic Science Check if applicable: Association, Inc. Address change 74-2471312 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 479-466-5536 6329 Lake Vista Circle Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated AL 35401 Tuscaloosa G Gross receipts \$ 332,336 Amended return Name and address of principal officer: X No H(a) is this a group return for subordinates? Application pending Dan Friedman Yes University of California H(b) Are all subordinates included? If "No," attach a list, (see instructions) 95064 Santa Cruz) 4 (insert no.) Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 Website: economicscience.org H(c) Group exemption number ▶ Form of organization: X Corporation Trust Year of formation: 1986 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 35 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 41,340 38,680 8 Contributions and grants (Part VIII, line 1h) 282,184 293,503 9 Program service revenue (Part VIII, line 2g) 156 153 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 332,336 323,680 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 404,099 248,361 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 248,361 404,099 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 75,319 -71,763 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 327,376 255,613 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 327,376 255,613 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign Treasurer Cary Deck Here Type or print name and title PTIN Date Preparer's signature if Print/Type preparer's name Check Paid 05/07/20 self-employed P00822019 Ray A Lee 84-4044083 Preparer Lee & Knowles, Firm's EIN Firm's name Use Only P.O. Box 2412 Tuscaloosa, AL 35403 205-345-5300 May the IRS discuss this return with the preparer shown above? (see instructions) |X| Yes | No

nrm aan /a	2019) The Economic S	cience	74-2471312	Page 2
Part III	Statement of Program S	service Accomplishments ains a response or note to	<u> </u>	
The	describe the organization's mission ESA publishes two ps for its members	journals, sponse	ors and maintains	online discussion
grou	ps for its member.			
prior F	ne organization undertake any signifi Form 990 or 990-EZ?		year which were not listed on the	Yes X No
	s," describe these new services on see organization cease conducting, or see?		v it conducts, any program	Yes X No
If "Ye 4 Descri	s," describe these changes on Scheribe the organization's program servoses. Section 501(c)(3) and 501(c)(4) tall expenses, and revenue, if any, for	ice accomplishments for each of I) organizations are required to re	port the amount of grants and alloca	is measured by atlons to others,
Emir	ESA was involved : ates; Vancouver, (e totals include :	Canada: Dilon, F	this year; Abu Dhrance; and Los Ang	(Revenue \$ 293,503) habi, United Arab geles, United States. h previous years as
paym well cons	ESA was involved ents to the publi	sher for produci he best paper pu al royalties and	o journals. The ex ng and circulating blished during the the portion of me	f the journals as e year. The revenue
acti misc crec not	ESA maintains a w	fice expenses. E Revenues from the	le information about are expenses to expense also include portion of the	membership dues
13.42				
	er program services (Describe on So penses \$	chedule O.) including grants of \$) (Revenue \$	
	al program service expenses	402,649		

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-	-	
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	6		х
_	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
8	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			<u></u>
	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	l		,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
1	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			T
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	i	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	┼	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	+	X
20a	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	21	1	x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1 41		

Pa	rt IV Checklist of Required Schedules (continued)					
					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	s on			ľ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
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 compensate	ed				Í
	employees? If "Yes," complete Schedule J			23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1		
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line	es 24b)			1
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
_	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	s bene	efit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
i.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prior	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	0-EZ?	>			
				25b		X
00	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	curren	1 †			
26		JU11011	••			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			26		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	o kou				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusted	c, kcy	•	-		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	,				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	e		27		X
	persons? If "Yes," complete Schedule L, Part III	I. Da		21_	 	-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	L, Par	π			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	0.46			1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribute	or? If				
	"Yes," complete Schedule L, Part IV			28a	-	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	0000000		28b	-	Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	If				_v
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu			29		 ^ -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed				٠,
	conservation contributions? If "Yes," complete Schedule M			30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedi	ule N, I	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	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ulations	S		1	
				33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	H, III,				
	or IV, and Part V, line 1			34	╄	X
35a				35a	-	X
Ь	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			35b	+-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitat					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio	n			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines					
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
Р	art V Statements Regarding Other IRS Filings and Tax Compliance					1
•	Check if Schedule O contains a response or note to any line in this Part V					. [
			1		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	\Box		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	\Box		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
,	reportable gaming (gambling) winnings to prize winners?	00000		,- 1c		丄
	M. M			F	orm 99	(201

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			
. 41				⁄es	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ì	
:	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b I	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	_	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	0	3b		
4a .	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over,	1 1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country ▶				
;	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	-	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts 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 g	oods			
	and services provided to the payor?		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3			Í
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		<u> </u>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?	***********	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				ĺ
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
	Section 501(c)(7) organizations. Enter:	t			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	- 1		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	- 1		
11	Section 501(c)(12) organizations. Enter:	1	1 1		
а	Gross income from members or shareholders	11a	- 1		İ
þ	Gross income from other sources (Do not net amounts due or paid to other sources		1 1		
	against amounts due or received from them.)	11b	41		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		$\vdash \!$
а			13a		\vdash
	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	السا	1 1		
	the organization is licensed to issue qualified health plans	13b	-l		
C	Enter the amount of reserves on hand	13c	100-		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le U	14b		+-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		+^
	If "Yes," complete Form 4720, Schedule O.		Face	00	0 (2019)

74-2471312 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 21 Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 21 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ... Section 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? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ AZ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20

6329 Lake Vista Circle

AL 35406-2981 479-466-5536

Cary Deck

Tuscaloosa

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

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for	(dd bo: off	o not d k, unle icer al	Pos check ess pe	c) ition more rson i	than on is both a ir/truste	ie an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
(1) Dan Friedman	5 00							_		
President	3.00 0.00			x				0	0	0
(2) Catherine Eckel						П			· · ·	
	3.00									_
Past President	0.00			X		\sqcup		0	0	0
(3) Marie-Claire Vil	lleval		İ							
ensity than an analysis of the contract of the	3.00			x	1			0	0	0
President Elect (4) David Cooper	0.00			^	\vdash	\vdash				0
(4) David Cooper	3.00									
N American Vice Pres	0.00			x				0	0	0
(5) Jordi Brandts	3.00									
European Vice Pres	0.00			X				0	0	0
(6) Nick Feltovich	3.00									
Asia-Pacific V. Pres	0.00	1		X				0	0	0
(7) Ted Turocy						1 1				
	3.00		ì			1				
Information V. Pres	0.00		<u> </u>	X		\vdash		0	0	0
(8) Cary Deck	1									
Treasurer	3.00			x				l 0	O	0
(9)	0.00		\vdash	1	+	+				
		2								
(10)		+		十	+		_			
		2								
(11)		\top		T	Ι_					
		4								
	<u> </u>				1			<u> </u>	<u> </u>	000

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	k, unle icer a	Pos heck ss pe	more rson i	than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Reportable Estimate compensation of compensation compensation compensations from			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		nization I organi:		
											_	_		
			:											
			_											
				,										
				_										
										-	<u></u>			
2012														
1b c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	Α			A A A						
2	Total number of individuals (in	ncluding but not	limite	ed to	tho	se li	sted	abo	ve) who received more than	n \$100,000 of	.			
3	reportable compensation from Did the organization list any f employee on line 1a? If "Yes,	ormer officer, di	recto	or, tr	uste	e, ke	ey em	nplog	yee, or highest compensate	ed .		3	Yes	No_X
4	For any individual listed on lir organization and related organization	ne 1a, is the sum inizations greate	of r	epor n \$1	table 50,0	00?	mper If "Y	isati <i>es</i> ,"	on and other compensatior complete Schedule J for si	n from the uch		4		X
5	Did any person listed on line for services rendered to the o	1a receive or ac-	crue	com	ıpen	sauc	on irc	m a	ny unrelated organization c	or individual		5		X
Sect	ion B. Independent Contract	ors							to the transfer of many	- then 6100 000 of				
1	Complete this table for your f compensation from the organ	nization. Report of	comp	ated pens	inde atior	epen of for	the c	con	ndar year endi <u>ng with or wit</u>	thin the organization's tax	year.		/O\	
	Name an	(A) id business address						4-	Descr	(B) iption of services		Cor	(C) npensa	tion
										10000000 <u>.</u>				
						_			. —					
2	Total number of independent	t contractors (inc	ludir	ng bi	ut no	t lim	ited 1	to th	ose listed above) who					
DAA	received more than \$100,000	0 of compensation	on fro	om ti	ne o	rgan	izatio	n 🕨	·	0		Fon	m 990	0 (2019)

Pa	rt VI	II Stateme	ent of	Revenue	ains a	resnon	se or note t	o any line in this	Part VIII		
		Officer	Jone	sudie O com	<u> </u>	Licapon	SO OF FIOLE L	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated camp	aigns	_	1a				_		
Contributions, Gifts, Grants and Other Similar Amounts		Membership due			1b		38,680				
S, E	c	Fundraising eve	nts		1c						
ar /		Related organiza			1d						
S,C		Government grants (co			1e						
ē		All other contributions,									
the		and similar amounts no	t include	d above	1f						
E O	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
a Co	h.	Total. Add lines	1a-1f	<u> </u>			>	38,680			
							Business Code				
ģ	2a	Conference	Regi	strations				293,503	293,503		
Program Service Revenue	b	A CTOTO COLUMN TO COLUMN				*******					
Sena	C										
Tan Zevi	d					(******					
rog	е				. 0.00000						
_	f	All other program									
	9	Total. Add lines						293,503			
	3	Investment inco			ds, inte	rest, and	.				150
		other similar am					0.00.00	153			153
	4	Income from inv	estme	nt of tax-exemp	ot bond	proceeds	GRANGE -				
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a			ļ					
	b	Less: rental expenses	6b			<u> </u>					
	C	Rental inc. or (loss)	_6c								
		Net rental incom Gross amount from	Je or (I								
	/a	sales of assets		(i) Securitie	\$	(ii) Other				
		other than inventory	7a			 -					
er Revenue	b	Less: cost or other					i				
Ver		basis and sales exps.	7b_			-					
æ	l	Gain or (loss)	7c								
her		Net gain or (loss				*******					
ö	8a	Gross income from		aising events							
		(not including \$									
		of contributions re		on line 1c).							
		See Part IV, line 1	1,111		8a	-					
		Less: direct exp			8b	1	20/02/1-15/2/2				
		Net income or (events						
	9a	Gross income from			0.0						
	ار	See Part IV, line 1			9a 9b	 					
		Less: direct exp Net income or (
	l .	Gross sales of i			ivilles .						
	IUa			•	10a		l				
	۱.	returns and allo			10a						
		Less: cost of go						<u>-</u>	·		
_		Net income or (ioss) I	ioni sales oi Illi	remory.		Business Code				
Miscellaneous	11a							· -			
ine.	b										
ella	C										
<u> </u>	d	All other revenu						-			
Σ	u A	Total. Add lines							- -		
_		Total revenue.					. 1	332,336	293,503	0	153

Form 990 (2019)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			40)	(D)
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
	b, 9b, and 10b of Part VIII.	Total superior	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	<u></u>
4	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
5	·				
	trustees, and key employees				
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	<u>.</u>			
8	Pension plan accruals and contributions (include			i	
	section 401(k) and 403(b) employer contributions)			<u></u>	
9	Other employee benefits				<u></u>
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				<u></u>
ь	Legal				
С	Accounting	1,450		1,450	<u></u> .
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	The same of the sa				
9	(A) amount, list line 11g expenses on Schedule O.)	9,915	9,915		
12	Advertising and promotion				
13	Office expenses				
14	Information technology		-	-	
15			·		
	Royalties	-	· <u>-</u>	<u> </u>	
16	Occupancy				
17	Travel		·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	255 525	355,525	<u> </u>	<u>-</u>
19	Conferences, conventions, and meetings	355,525	333,323	-	
20	Interest				
21	Payments to affiliates			-	<u> </u>
22	Depreciation, depletion, and amortization	554			
23	Insurance	771	771		
24				•	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Dana to Journal Bublishon	21,812	21,812		
b		13,842	13,842		
c c	Credit Card Process Fees	479	479		
d	The production of the state of	305	305		
e				_	
		404,099	402,649	1,450	0
25 26				,_,_	1
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Pá	irt X	(Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X		·····	
				(A) Beginning of year		(B) End of year
_	_	Only and interest beggins		327,376	1	255,613
	1		***************************************		2	233,013
	2	Savings and temporary cash investments		. <u> </u>	3	
	3	Pledges and grants receivable, net			4	
	4				-+	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantial			5	
	_	controlled entity or family member of any of these per			3	
	6	Loans and other receivables from other disqualified p			6	
ets	_	under section 4958(f)(1)), and persons described in s			7	
Assets	7			<u>.</u>	8	·
*	8				9	<u></u>
	9				-	
	10a	Land, buildings, and equipment: cost or other	140			
		basis. Complete Part VI of Schedule D	ا مما		10c	
	b	Less: accumulated depreciation	(!)			
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			13	
	13	Investments—program-related. See Part IV, line 11	AND A REPORT OF THE ACTION AND A STATE OF THE ACTION AND A STREET, A STATE OF THE ACTION AND A S		14	
	14			· -	15	·-·
	15	Other assets. See Part IV, line 11		327,376		255,613
_	16	Total assets. Add lines 1 through 15 (must equal line		327,370	17	233,013
	17	Accounts payable and accrued expenses			18	
	18				19	
	19			· · ·	20	· - <u></u>
	20		1 - 1 O - 1 - 1 - 1 - D		21	
	21	Escrow or custodial account liability. Complete Part I'			21	
ies	22	Loans and other payables to any current or former of				
Liabilities		trustee, key employee, creator or founder, substantia			00	
ī		controlled entity or family member of any of these per			22	
_	23	Secured mortgages and notes payable to unrelated the			24	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2			25	
		of Schedule D		0	26	0
_	26	Total liabilities. Add lines 17 through 25			-20	
w		Organizations that follow FASB ASC 958, check h	iere 🖊 🕰			
5		and complete lines 27, 28, 32, and 33.		327,376	27	255,613
<u>a</u>	27			32,75,0	28	233,023
80	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958,	abook bara D		20	
Š			Check here			
F	00	and complete lines 29 through 33.			29	
ts c	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipm	pont fund		30	
SSe	30	Retained earnings, endowment, accumulated income			31	
Net Assets or Fund Balances	31			327,376		255,613
Š	32	Total net assets or fund balances Total liabilities and net assets/fund balances	**********************	327,376		255,613
	33	rotal liabilities and het assets/fund balances	manufacturing and a second	<u> </u>		

Form 990 (2019)

orm	990 (2019) The Economic Science	74-2471312			Pag	je 12
_	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to a	any line in this Part XI			20000	\Box
1	Total revenue (must equal Part VIII, column (A), line 12)		1	33	2,3	336
2	Total expenses (must equal Part IX, column (A), line 25)		2		<u> </u>	<u> 99</u>
3			1 4 1			<u> 763</u>
4	Net assets or fund balances at beginning of year (must equal Part X, li	ne 32, column (A))	4	32	7,3	<u> 376</u>
5			1 - 1			
6	Donated services and use of facilities					
7			1 - 1			
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)		1 6 1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9	(must equal Part X, line				
	32, column (B))		10	25	5,6	613
Pa	rt XII Financial Statements and Reporting		•			S80 - 300
	Check if Schedule O contains a response or note to a	any line in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash	Accrual Other				
٠	If the organization changed its method of accounting from a prior year	or checked "Other," explain in				
	Schedule O.	,				
22	Were the organization's financial statements compiled or reviewed by	an independent accountant?		2a		X
20	If "Yes," check a box below to indicate whether the financial statement					
	reviewed on a separate basis, consolidated basis, or both:	to to the year there complied or				
		dated and separate basis				
_	Were the organization's financial statements audited by an independe	•		2b		x
U	If "Yes," check a box below to indicate whether the financial statement					
	separate basis, consolidated basis, or both:	to for the year word addition on a				
		dated and separate basis		1 1		
_	If "Yes" to line 2a or 2b, does the organization have a committee that			1 1		
C	the audit, review, or compilation of its financial statements and selection			2c		
				20		
	If the organization changed either its oversight process or selection pr	ocess during the tax year, explain on				
_	Schedule O.	no an audit or audits as eat forth in the				
За	As a result of a federal award, was the organization required to underg	go an addit of addits as set total in the		3a		x
	Single Audit Act and OMB Circular A-133?	he ergenization did not undergo the		Sa		
þ	If "Yes," did the organization undergo the required audit or audits? If the			3b		
	required audit or audits, explain why on Schedule O and describe any	Steds taken to undergo such addits		1 20		1

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. The Economic Science

OMB No.: 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization Association, Inc. 74-2471312 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 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.) 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (iii) Type of organization listed in your governing other support (see (described on lines 1-10 support (see organization document? instructions) instructions above (see instructions)) (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019

Part II

The Economic Science

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.)

	ion A. Public Support					· · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					_	
2	Tax revenues levied for the organization'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					 - 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				<u>.</u>		100.00
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	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	Total support. Add lines 7 through 10		<u> </u>		<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc.						
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her	e <u></u>	<u>.</u>			<u></u>	
Sec	tion C. Computation of Public Su				. <u> </u>		
14	Public support percentage for 2019 (line 6						%
15	Public support percentage from 2018 Sch						%
16a	• •				33 1/3% or more,	check this	_ (-
	box and stop here. The organization qual						
	33 1/3% support test—2018. If the organithis box and stop here. The organization	qualifies as a pub	licly supported org	anization			
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization mee Part VI how the organization meets the "fa						
	organization						•
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me	i8. If the organizameets the "facts	ition did not check -and-circumstance	a box on line 13, see test, check this	16a, 16b, or 17a, a box and stop her	e.	
18	supported organization Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and		

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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,430	30,713	12,134	41,340	38,680	155,297
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	181,235	268,178	270,738	282,184	293,503	1,295,838
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	213,665	298,891	282,872	323,524	332,183	1,451,135
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,150	4,580	2,240	410	710	13,090
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	5,150	4,580	2,240	410	710	13,090
8	Public support. (Subtract line 7c from line 6.)						1,438,045
Sec	tion B. Total Support		<u></u>				
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	213,665	298,891	282,872	323,524	332,183	1,451,135
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	108	127	136	156	153	680
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		<u> </u>				
С	Add lines 10a and 10b	108	127	136	156	153	680
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	213,773	299,018	283,008	323,680	332,336	1,451,815
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su					1 1	
15	Public support percentage for 2019 (line 8						99.05%
16	Public support percentage from 2018 Sch					16	98.72%
	tion D. Computation of Investme			2 column (f)\		17	%
17	Investment income percentage for 2019 (Investment income percentage from 2018						%
18 19a	33 1/3% support tests—2019. If the orga	nization did not che	eck the box on line	14, and line 15 is	more than 33 1/39		70
150	17 is not more than 33 1/3%, check this b						▶ [X]
b	33 1/3% support tests—2018. If the orgaline 18 is not more than 33 1/3%, check the	inization did not che	eck a box on line	4 or line 19a, and	line 16 is more tha	n 33 1/3%, and	\ [1]
20	Private foundation. If the organization die						

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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disgualified 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

٦		Yes	No
	1		
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Par				т
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		_
	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		
Secti	on B. Type I Supporting Organizations		Vac	Mo
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 Part VI 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	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			1
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	ion C. Type II Supporting Organizations		T V	l Na
			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			1
	the supported organization(s).			1
Sect	ion D. All Type III Supporting Organizations		Yes	No
	the second of the		Tes	INO
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			
	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 hot			
	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		İ	
	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		<u> </u>
Sect	ion 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 year (s	ee instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.	-474 - 5 5445	,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government of	ntity (see instructions).	
			Vac	- Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	1 2		
	that these activities constituted substantially all of its activities.	28	' 	-
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.	21	'	+
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	. 3	*	1
b	<u>-</u>			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	31)	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		No.	(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		<u>- </u>	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			1
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	i	
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		
Section 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-functionally integrated	Type II	1 supporting organization (500

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizat	iions (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · <u> </u>		
6	Other distributions (describe in Part VI). See instructions.	. <u>.</u> .		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014		· · · ·	
þ	From 2015			
	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e		<u></u>	
9	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
t	Applied to 2019 distributable amount			<u> </u>
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	-		
8	Breakdown of line 7:	·		
	Excess from 2015	<u></u>		
	Excess from 2016			-
	Excess from 2017		<u>. </u>	
	Excess from 2018			
	Excess from 2019		Schadule	A (Form 990 or 990-EZ) 2019

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Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V, lines 2, 5, and 6. Al	ormation. Provide Section A, lines 1 art IV, Section C, line 1; Part V, Se	e the explanation, 2, 3b, 3c, 4b, line 1; Part IV, Section B, line 1e	ns required by Pa 4c, 5a, 6, 9a, 9b, Section D, lines 2 ; Part V, Section	art II, line 10; I , 9c, 11a, 11b, 2 and 3; Part IV D, lines 5, 6, a	Part II, line 17a or and 11c; Part IV, V, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization The Economic Science
Association, Inc.

Employer identification number 74-2471312

Form 990 - Organization's Mission or Most Significant Activities

An educational and scientific organization that sponsors conferences,

maintains a professional website and is a contractual holder of rights in

two professional journals (Experimental Economics and The Journal of the

Economic Science Association).

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax information is supplied by the Treasurer to the accounting firm which prepared the return for the organization. After completion, they are emailed to the President of the Association. They are also uploaded to the website of the Association and made publicly available for viewing by any interested party. The website, economicscience.org, maintains public copies of the records going back many years. The website also contains other documents regarding governing policies for the Association. At the yearly international conference, the Treasurer drafts and presents a full report regarding the financial picture of the organization which is presented to the assembled board members with highlights of it also often incorporated by the Association President in their presentation to the full membership.

See	Above	Disc	closur	e	Form	990	Part	VI,	Line	11b.	 	

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

C2465 The Economic Science 74-2471312

FYE: 12/31/2019

Federal Statements

5/7/2020 9:01 AM

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US
Business Code Code 6/30/75 Obs (\$ or %)

Interest Income

153

Amount

14

Total

153

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Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)		w	Schedule A, Part III, Line 7a - Support from Disqualified Persons	2016	4,580				
al Stat	Other Fe	98	915	oddnS - s	·Ω-	₩ •				
Feder	ine 11g -	Total Expenses 9, 9	,6	II, Line 7a	5,150	5,150				
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