

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN INSTITUTE OF PHYSICS, INC.			D Employer identification number 13-1667053
	Doing Business As			E Telephone number (301) 209-3100
	Number and street (or P.O. box if mail is not delivered to street address) ONE PHYSICS ELLIPSE		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code COLLEGE PARK, MD 20740-3843			G Gross receipts \$ 110,539,818.
F Name and address of principal officer: MICHAEL MOLONEY ONE PHYSICS ELLIPSE, COLLEGE PARK, MD 20740-3843				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ WWW.AIP.ORG				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1931 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AIP'S MISSION IS TO ADVANCE, PROMOTE AND SERVE THE PHYSICAL SCIENCES FOR THE BENEFIT OF HUMANITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	313.
	6 Total number of volunteers (estimate if necessary)	6	172.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,025,544.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,181,382.	213,141.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,157,030.	60,181,400.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,762,735.	9,124,532.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,791,993.	6,560,845.
		75,893,140.	76,079,918.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	621,608.	662,802.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,283,155.	31,396,909.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 557,008.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,585,377.	33,536,628.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,490,140.	65,596,339.
19 Revenue less expenses. Subtract line 18 from line 12	12,403,000.	10,483,579.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	230,702,109.	218,396,754.
	22 Net assets or fund balances. Subtract line 21 from line 20.	38,752,803.	39,571,541.
	191,949,306.	178,825,213.	

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MARC BERGER	Preparer's signature	Date
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590	Check <input type="checkbox"/> if self-employed PTIN P01871563
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no. 703-893-0600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 39,105,781. including grants of \$) (Revenue \$ 57,155,856.)

PUBLISHING RELATED. SEE SCHEDULE O

4b (Code:) (Expenses \$ 16,448,809. including grants of \$ 662,802.) (Revenue \$ 2,513,777.)

PHYSICAL SCIENCE PROGRAMS AND RESOURCES. SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 55,554,590.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various IRS requirements regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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. []

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 313		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
b	If "Yes," enter the name of the foreign country: CHINA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
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:		
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 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 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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.

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

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN REGAZZI FORMER CHAIR	10.00 10.00	X		X			17,500.	0.	0.	
(2) DAVID HELFAND CHAIR	10.00 10.00	X		X			9,286.	0.	0.	
(3) JUDITH FLIPPEN ANDERSON FORMER SECRETARY	25.00 0.	X		X			17,500.	0.	0.	
(4) JOHN KENT DIRECTOR AT LARGE	8.00 0.	X					0.	0.	0.	
(5) JUDY DUBNO INTERIM SECRETARY	25.00 0.	X					0.	0.	0.	
(6) KATE KIRBY DIRECTOR	4.00 3.00	X					0.	0.	0.	
(7) BETH CUNNINGHAM DIRECTOR	4.00 3.00	X					0.	0.	0.	
(8) FAITH MORRISON DIRECTOR	8.00 0.	X					0.	0.	0.	
(9) J. DANIEL BOURLAND DIRECTOR	8.00 0.	X					0.	0.	0.	
(10) MICHAEL MORGAN DIRECTOR	8.00 0.	X					0.	0.	0.	
(11) MICHAEL DUNCAN DIRECTOR	8.00 0.	X					0.	0.	0.	
(12) RUDOLF LUDEKE DIRECTOR	4.00 0.	X					0.	0.	0.	
(13) CHERYL STEVENS DIRECTOR	8.00 0.	X					0.	0.	0.	
(14) ELIZABEH NOLAN DIRECTOR	4.00 0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SUSAN BURKETT ----- DIRECTOR	4.00 ----- 0.	X					0.	0.	0.	
(16) ALLISON MACFARLANE ----- DIRECTOR AT LARGE	4.00 ----- 0.	X					0.	0.	0.	
(17) NATHAN SANDERS ----- DIRECTOR AT LARGE	4.00 ----- 0.	X					0.	0.	0.	
(18) MICHAEL MOLONEY ----- CEO	40.00 ----- 5.00	X		X			334,685.	0.	20,133.	
(19) CATHERINE O'RIORDAN ----- COO	40.00 ----- 0.			X			107,789.	0.	11,772.	
(20) CATHERINE SWARTZ ----- CFO	40.00 ----- 5.00			X			288,259.	0.	65,883.	
(21) JOHN HAYNES ----- AIPP, CEO	40.00 ----- 0.				X		674,389.	0.	42,207.	
(22) LARRY FISHBEIN ----- SR DIR, NEWS AND MAGAZINES	40.00 ----- 0.				X		160,428.	0.	1,142.	
(23) ROY LEVENSON ----- AIPP, CFO	40.00 ----- 0.				X		344,638.	0.	48,614.	
(24) KEVIN RUTHEN ----- AIPP, HEAD OF SOFTWARE DEV	40.00 ----- 0.				X		229,757.	0.	47,604.	
(25) KEVIN STEINER ----- AIPP, DIR OF GLOBAL SALES	40.00 ----- 0.				X		204,140.	0.	59,530.	
1b Sub-total							44,286.	0.	0.	
c Total from continuation sheets to Part VII, Section A							3,570,265.	0.	548,499.	
d Total (add lines 1b and 1c)							3,614,551.	0.	548,499.	

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 ► 88

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 12

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	65,284.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	147,857.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			213,141.			
Program Service Revenue	2a PUBLISHING RELATED			511120	57,667,623.	55,455,179.	2,212,444.
	b PHYSICAL SCIENCES			900099	2,513,777.	1,700,677.	813,100.
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶				60,181,400.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶				5,073,872.		5,073,872.
	4 Income from investment of tax-exempt bond proceeds . ▶				0.		
	5 Royalties ▶				0.		
				(i) Real	(ii) Personal		
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶				0.		
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory			38,510,560.			
	b Less: cost or other basis and sales expenses			34,459,900.			
	c Gain or (loss)			4,050,660.			
	d Net gain or (loss) ▶				4,050,660.		4,050,660.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				0.		
	b Less: direct expenses b				0.		
c Net income or (loss) from fundraising events ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a				0.			
b Less: direct expenses b				0.			
c Net income or (loss) from gaming activities ▶				0.			
10a Gross sales of inventory, less returns and allowances a				0.			
b Less: cost of goods sold b				0.			
c Net income or (loss) from sales of inventory ▶				0.			
Miscellaneous Revenue			Business Code				
11a PASS THRU MEMBER SOCIETY			900099	2,209,360.		2,209,360.	
b EQUITY GAIN ON ACP			900099	4,351,485.		4,351,485.	
c							
d All other revenue							
e Total. Add lines 11a-11d ▶				6,560,845.			
12 Total revenue. See instructions. ▶				76,079,918.	57,155,856.	3,025,544.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	205,570.	205,570.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	435,968.	435,968.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,264.	21,264.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,547,852.	1,643,985.	1,903,867.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	20,287,443.	13,695,613.	6,411,535.	180,295.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,096,697.	1,341,886.	712,877.	41,934.
9 Other employee benefits	3,726,664.	2,385,065.	1,267,066.	74,533.
10 Payroll taxes	1,738,253.	1,112,482.	591,006.	34,765.
11 Fees for services (non-employees):				
a Management	2,704,101.	1,457,716.	1,139,644.	106,741.
b Legal	838,800.		838,800.	
c Accounting	286,415.		286,415.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	117,000.		117,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,351,763.	867,534.	484,229.	
12 Advertising and promotion	4,675,259.	4,672,681.		2,578.
13 Office expenses	941,918.	391,398.	541,963.	8,557.
14 Information technology.	3,754,528.	2,498,113.	1,236,940.	19,475.
15 Royalties.	0.			
16 Occupancy	2,997,395.	101,831.	2,895,564.	
17 Travel	1,087,622.	875,216.	204,813.	7,593.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,402,395.	926,386.	465,217.	10,792.
20 Interest	89,039.		89,039.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	1,311,522.	856,449.	455,073.	
23 Insurance	249,921.		249,921.	
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.)				
a EDIT MANAGEMENT	5,164,259.	5,164,259.		
b PUBLISHING PRODUCTION	2,833,247.	2,831,847.		1,400.
c PASS THRU MEMBER SOCIETY	2,209,157.	2,209,157.		
d PUBLISHING PRINTING	1,078,602.	1,063,577.		15,025.
e All other expenses	443,685.	10,796,593.	-10,406,228.	53,320.
25 Total functional expenses. Add lines 1 through 24e	65,596,339.	55,554,590.	9,484,741.	557,008.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27,328,247.	1	29,810,881.
	2 Savings and temporary cash investments	3,856,159.	2	2,655,876.
	3 Pledges and grants receivable, net	3,042,274.	3	1,875,158.
	4 Accounts receivable, net	3,652,775.	4	3,772,420.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	170,534.	7	175,455.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,516,785.	9	2,433,191.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,127,797.		
	b Less: accumulated depreciation	10b 8,669,120.	5,815,745.	10c 4,458,677.
	11 Investments - publicly traded securities	145,326,851.	11	127,743,764.
	12 Investments - other securities. See Part IV, line 11	28,714,852.	12	29,741,960.
	13 Investments - program-related. See Part IV, line 11	508,009.	13	608,009.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	10,769,878.	15	15,121,363.
16 Total assets. Add lines 1 through 15 (must equal line 34)	230,702,109.	16	218,396,754.	
Liabilities	17 Accounts payable and accrued expenses	7,917,902.	17	8,966,467.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	21,883,955.	19	20,822,773.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,950,946.	25	9,782,301.
	26 Total liabilities. Add lines 17 through 25	38,752,803.	26	39,571,541.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	167,975,883.	27	151,157,428.
	28 Temporarily restricted net assets	12,880,975.	28	16,427,480.
	29 Permanently restricted net assets	11,092,448.	29	11,240,305.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	191,949,306.	33	178,825,213.
	34 Total liabilities and net assets/fund balances	230,702,109.	34	218,396,754.

Part 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	76,079,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,596,339.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,483,579.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	191,949,306.
5	Net unrealized gains (losses) on investments	5	-18,538,259.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,069,413.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	178,825,213.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 9 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 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	456,777.	625,308.	542,542.	5,181,382.	213,141.	7,019,150.
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	59,001,026.	57,996,069.	59,517,781.	57,157,030.	57,155,856.	290,827,762.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	59,457,803.	58,621,377.	60,060,323.	62,338,412.	57,368,997.	297,846,912.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				5,000,000.		5,000,000.
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						0.
c Add lines 7a and 7b.				5,000,000.		5,000,000.
8 Public support. (Subtract line 7c from line 6.)						292,846,912.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	59,457,803.	58,621,377.	60,060,323.	62,338,412.	57,368,997.	297,846,912.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,961,335.	3,815,457.	3,503,594.	5,265,827.	5,073,872.	20,620,085.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	2,961,335.	3,815,457.	3,503,594.	5,265,827.	5,073,872.	20,620,085.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	8,567,770.	3,917,266.	766,626.	1,791,993.	6,560,845.	21,604,500.
13 Total support. (Add lines 9, 10c, 11, and 12.)	70,986,908.	66,354,100.	64,330,543.	69,396,232.	69,003,714.	340,071,497.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	86.11 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	85.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	6.06 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	5.87 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	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? <i>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.</i>	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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	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)? <i>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).</i>	1	

Section 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 tax 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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 (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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):			
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 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		

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 III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MEMBER SOCIETIES PASSTHRU SVCS	7,276,625.	2,538,121.	2,583,787.	2,153,917.	2,209,360.	16,761,810.
EQUITY GAIN/LOSS ON ACP INV	1,287,380.	1,379,145.	-1,817,161.	-361,924.	4,351,485.	4,838,925.
MISCELLANEOUS	3,765.					3,765.
TOTALS	<u>8,567,770.</u>	<u>3,917,266.</u>	<u>766,626.</u>	<u>1,791,993.</u>	<u>6,560,845.</u>	<u>21,604,500.</u>

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(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 1h; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that 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).

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

Employer identification number
13-1667053

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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 66,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

Employer identification number
13-1667053

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
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 7,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

Employer identification number
13-1667053

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
13		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

Employer identification number

13-1667053

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number 13-1667053

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B - DESCRIPTION OF LOBBYING ACTIVITY:

AIP'S LOBBYING EFFORTS FOCUS ON SCIENCE AND TECHNOLOGY FUNDING AND PROGRAM DIRECTIONS FOR THE NATIONAL SCIENCE FOUNDATION, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, DEPARTMENT OF ENERGY, NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND DEPARTMENT OF DEFENSE. WE ALSO WORK ON GOVERNMENT MANDATES AFFECTING SCHOLARLY PUBLISHING, SCIENCE EDUCATION, AS WELL AS SCIENCE IN GENERAL.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

AMERICAN INSTITUTE OF PHYSICS, INC.

13-1667053

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,014,776.	17,347,568.	16,654,442.	27,228,652.	26,624,446.
b Contributions	2,059,000.	2,882,328.	68,565.	246,811.	76,215.
c Net investment earnings, gains, and losses	-1,232,576.	3,439,156.	1,216,351.	-460,358.	969,441.
d Grants or scholarships					
e Other expenditures for facilities and programs	-87,369,852.	654,276.	591,790.	10,360,663.	441,450.
f Administrative expenses					
g End of year balance	111,211,052.	23,014,776.	17,347,568.	16,654,442.	27,228,652.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 84.5000 %
- b** Permanent endowment ▶ 10.0000 %
- c** Temporarily restricted endowment ▶ 5.5000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,863,091.	2,303,203.	2,559,888.
d Equipment		1,255,686.	1,098,020.	157,666.
e Other		7,009,020.	5,267,897.	1,741,123.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,458,677.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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) OPPORTUNISTIC INVESTMENTS	29,741,960.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	29,741,960.	

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. (Column (b) 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) INVESTMENT IN ACP	15,121,363.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,121,363.

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) POST RETIREMENT MEDICAL PLAN	6,460,374.	
(3) DUE TO MEMBER SOCIETIES	1,330,805.	
(4) DEFERRED RENT	1,991,122.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,782,301.	

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A:

THE NIELS BOHR LIBRARY AND ARCHIVES COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE 1962, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS RELEASES OF NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

SCHEDULE D, PART V, LINE 4:

AIP HAS 13 SEPARATE FUNDS WHICH HAVE BEEN ENDOWED BY DONORS. THE EARNINGS FROM THE ENDOWMENTS HELP SUPPORT THE HISTORY CENTER, THE NIELS BOHR LIBRARY AND ARCHIVES, AND SOCIETY OF PHYSICS STUDENTS, HIGH SCHOOL PHYSICS EDUCATION PROGRAMS, AND OTHER AREAS RELATED TO THE PHYSICAL SCIENCES, WHICH ALLOWS AIP TO CONTINUE TO PRESERVE HISTORICAL DOCUMENTS RELATED TO PHYSICS, OFFER LECTURES THAT ARE OPEN TO THE PUBLIC, PRESENT AWARDS AND GRANTS FOR ACHIEVEMENTS IN PHYSICS AND HELP SUPPORT THE COMMUNITY THROUGH EDUCATION.

THE AIP TAKES A VERY PROACTIVE ROLE IN REGARD TO OPERATIONAL AND FINANCIAL MANAGEMENT. THIS CONSISTS OF ROUTINE REVIEWS OF THE ASSET BASE, OPERATIONAL NEEDS, AND KEY RISK FACTORS. THE RESULT OF THESE EFFORTS HAS LED TO DESIGNATION OF AIP'S NET ASSET BASE TO BEST ALIGN OUR RESOURCES IN SUPPORT OF OUR PROGRAMS AND TO MITIGATE KEY OPERATIONAL RISKS IN ACCORDANCE WITH THE MISSION OF THE ORGANIZATION. ALL DESIGNATIONS ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND ARE ADJUSTED BASED ON THE LATEST OPERATIONAL NEEDS AND RISK FACTORS.

Part XIII Supplemental Information (continued)

AIP ESTABLISHED THE FOLLOWING QUASI-ENDOWMENT FUNDS:

GENERAL QUASI-ENDOWMENT - A BOARD DESIGNATED QUASI-ENDOWMENT CREATED FOR THE PURPOSE OF FUNDING AIP PROGRAM OPERATIONS.

VENTURE PARTNERSHIP FUND - THE VPF WAS ESTABLISHED IN 2016 AS A BOARD-DESIGNATED QUASI-ENDOWMENT FUND ESTABLISHED TO ENCOURAGE COLLABORATIVE PARTNERSHIPS AMONG ONE OR MORE MEMBER SOCIETIES AND AIP. COLLABORATIVE PROJECTS FUNDED BY THE VPF ARE EXPECTED TO BE STRATEGY DRIVEN, PROMOTE GROWTH, AND INCREASE STATURE AND INNOVATION WITHIN THE MEMBER SOCIETIES AND THE AIP FEDERATION.

SUSTAINABILITY OF THE NIELS BOHR LIBRARY AND ARCHIVES AND THE CENTER FOR HISTORY OF PHYSICS - A NEW QUASI-ENDOWMENT DESIGNATED BY THE BOARD OF DIRECTORS TO BEGIN A FUND TO SUPPORT THE OPERATIONS OF THE NIELS BOHR LIBRARY AND ARCHIVE AND CENTER FOR HISTORY OF PHYSICS IN PERPETUITY.

SCHEDULE D, PART V, LINE 1E:

TRANSFER TO CREATE BOARD-DESIGNATED FUNDS	\$92,869,365
OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS	(\$ 5,599,531)

	\$87,369,852

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

THE AMERICAN INSTITUTE OF PHYSICS INCORPORATED HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS TAX EXEMPT UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME FROM UNRELATED BUSINESS ACTIVITIES (PRIMARILY ADVERTISING). AIP'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS TO RECOGNIZE TAX POSITIONS IF IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. AT DECEMBER 31, 2018 AND 2017, A PROVISION OF \$10,000 FOR STATE INCOME TAXES WAS RECORDED.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	1.	3.	PROGRAM SERVICES	LIASON OFFICE	329,077.
(2) EUROPE	0.	0.	GRANTMAKING		17,976.
(3) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		7,500.
(4) NORTH AMERICA	0.	0.	GRANTMAKING		4,550.
(5) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		3,725,415.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1.	3.			4,084,518.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	3.			4,084,518.

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

Schedule F (Form 990) 2018

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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)
(1)			EUROPE/ICELAND/GREENLAND	ORAL HISTORY INTERVIEWS	8,762.	CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 **1.**

3 Enter total number of other organizations or entities **1.**

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) WRITING AWARD	EAST ASIA/PACIFIC	1.	7,500.	CHECK			
(2) ORAL HISTORY INTERVIEWS/RESEARCH PROJECT	EUROPE/ICELAND/GREENLAND	17.	9,214.	CHECK			
(3) ORAL HISTORY INTERVIEWS/RESEARCH PROJECT	NORTH AMERICA	4.	4,550.	CHECK			
(4) WRITING AWARD	MIDDLE EAST/NORTH AFRICA	1.	2,500.	CHECK			
(5) WRITING AWARD	EUROPE/ICELAND/GREENLAND	1.	10,000.	CHECK			
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 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** **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** **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** **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** **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** **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** **No**

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).

SCHEDULE F, PART I, LINE 2:

GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE THE U.S.

AIP HAS ESTABLISHED AND FOLLOWS DOCUMENTED POLICIES AND PROCEDURES TO
MONITOR, EVALUATE AND REVIEW ALL TYPES OF GRANTS, AWARDS AND ASSISTANCE
ON A REGULAR BASIS.

SCHEDULE F, PART I, LINE 3F:

THE ACCOUNTING METHOD USED FOR THE EXPENDITURES SHOWN IS THE ACCRUAL
BASIS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN ASSOCIATION OF PHYSICS TEACHERS 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	52-0749775	501(C)(3)	31,761.				SEE PART IV
(2) AMERICAN ASTRONOMICAL SOCIETY 1667 K ST NW, STE 800 WASHINGTON, DC 20006	21-0735173	501(C)(3)	8,460.				SEE PART IV
(3) AMERICAN PHILOSOPHICAL SOCIETY 105 S FIFTH ST PHILADELPHIA, PA 19106	23-1353269	501(C)(3)	10,000.				SEE PART IV
(4) AMERICAN PHYSICAL SOCIETY 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	13-1656610	501(C)(3)	28,820.				SEE PART IV
(5) AVS THE SCIENCE & TECHNOLOGY SOCIETY 125 MAIDEN LANE, 15B NEW YORK, NY 10038	04-2392373	501(C)(3)	30,000.				SEE PART IV
(6) GEORGE WASHINGTON UNIVERSITY 725 21ST ST NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	29,452.				SEE PART IV
(7) NATIONAL HISTORY DAY INC 4511 KNOX RD STE 205 COLLEGE PARK, MD 20740	34-1262642	501(C)(3)	11,000.				SEE PART IV
(8) THE OPTICAL SOCIETY 2010 MASS AVE, NW WASHINGTON, DC 20052	53-0259696	501(C)(3)	50,000.				SEE PART IV
(9) UNIVERSITY CORP FOR ATMOSPHERIC RESEARCH 3090 CENTER GREEN DR BOULDER, CO 80301	84-0412668	501(C)(3)	6,077.				SEE PART IV
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

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

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

Schedule I (Form 990) (2018)

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) 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 TRAVEL AND MEETING EXPENSES	89.	22,794.			
2 CONGRESSIONAL AND US STATE DEPARTMENT FELLOWS	5.	237,674.			
3 SCHOLARSHIPS AND AWARDS FOR SPS MEMBERS	53.	44,825.			
4 ORAL HISTORY INTERVIEW AND RESEARCH PROJECTS	23.	26,623.			
5 SCIENCE WRITING AWARDS	8.	32,500.	1,815.	FMV	CHAIRS
6 AWARDS FOR ACHIEVEMENTS IN PHYSICS	5.	25,000.			
7					

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

SCHEDULE I, PART II, COLUMN H, LINES 1-9:

- 1) PROVIDE FUNDING TO TRAIN TEACHERS TO BE ADVOCATES AT THE LOCAL LEVEL FOR SOUND SCIENCE EDUCATION POLICY.
- 2) PROVIDE FUNDING TO PROVIDE AN INTRODUCTION TO THE TOOLS USED IN HANDLING BIG DATA FOR RESEARCHERS TO USE AS THEY "BUILD" THEIR SCIENCE.
- 3) FUNDING TO SUPPORT ARCHIVAL WORK PLUS MATERIALS FOR RE-HOUSING AND STORAGE OF PAPERS FROM ROSE CAMILLE LEDIEU MOONEY-SLATER, GEORGE T REYNOLDS, AND JOHN A WHEELER AND THE RECORDS OF THE PHYSICS CLUB OF PHILADELPHIA.
- 4) PROVIDE FUNDING TO PREPARE A REPORT ON THE IMPACT OF INDUSTRIAL

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) 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					
3					
4					
5					
6					
7					

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

PHYSICS ON THE U.S. ECONOMY AND U.S. TECHNOLOGY EXCELLENCE.

- 5) PROVIDE FUNDING TO PRODUCE A SET OF VIDEOS WHICH WILL ENHANCE AND AUGMENT PRE-COLLEGE TEACHERS' UNDERSTANDING SCIENCE OF AND IN A VACUUM.
- 6) PROVIDE HOUSING TO 17 UNDERGRADUATE PHYSICS STUDENTS SELECTED FOR THE SOCIETY OF PHYSICS STUDENTS SUMMER INTERN PROGRAM.
- 7) FUNDING TO SUPPORT NATIONAL HISTORY DAY AWARDS FOR HIGH SCHOOL JUNIORS AND SENIORS.
- 8) PROVIDE FUNDING FOR ART INSTALLATION AND OUTREACH INITIATIVE TO CELEBRATE OPTICS, LIGHT AND PHOTONICS.
- 9) FUNDING USED TO PROCESS AND PROVIDE ACCESS TO RECORDS OF THE RESEARCH

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) 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					
3					
4					
5					
6					
7					

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

APPLICATION AT THE NCAR ARCHIVES.

SCHEDULE I, PART I, LINE 2:

PROCEDURE FOR MONITORING USE OF GRANTS FUNDS IN U.S.

AIP HAS ESTABLISHED AND FOLLOWS DOCUMENTED POLICIES AND PROCEDURES TO MONITOR, EVALUATE AND REVIEW ALL TYPES OF GRANTS, AWARDS, AND ASSISTANCE ON A REGULAR BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL MOLONEY CEO	(i)	334,685.	0.	0.	0.	20,133.	354,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CATHERINE SWARTZ CFO	(i)	286,223.	0.	2,036.	27,500.	38,383.	354,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOHN HAYNES AIPP, CEO	(i)	471,727.	183,562.	19,100.	27,500.	14,707.	716,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LARRY FISHBEIN SR DIR, NEWS AND MAGAZINES	(i)	160,265.	163.	0.	0.	1,142.	161,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ROY LEVENSON AIPP, CFO	(i)	283,204.	54,242.	7,192.	27,500.	21,114.	393,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KEVIN RUTHEN AIPP, HEAD OF SOFTWARE DEV	(i)	148,500.	5,040.	76,217.	17,810.	29,794.	277,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KEVIN STEINER AIPP, DIR OF GLOBAL SALES	(i)	162,745.	41,275.	120.	21,509.	38,021.	263,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JASON WILDE AIPP, CHIEF PUBLISHING OFFICER	(i)	280,275.	54,294.	6,865.	27,500.	38,405.	407,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 TRACY DENIEN AIPP, DIR BUSINESS SOLUTIONS	(i)	167,630.	2,875.	600.	17,935.	38,031.	227,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 SHERRY RENDER CONTROLLER	(i)	173,620.	4,886.	0.	18,358.	25,897.	222,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 NAOMI SCHMUCKLER SR DIR, HUMAN RESOURCES	(i)	172,286.	8,291.	140.	18,312.	11,088.	210,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 PETER INCHAUTEGUIZ SR DIRECTOR, STRATEGIC MKT	(i)	178,275.	0.	345.	7,711.	1,284.	187,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 SARA GIRARD AIPP, MKT & COMM DIR	(i)	158,623.	16,575.	600.	16,981.	30,112.	222,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 1A:

FIRST CLASS TRAVEL - DUE TO A MEDICAL CONDITION, FIRST CLASS TRAVEL WAS MADE AVAILABLE TO ONE EMPLOYEE.

GROSS-UP PAYMENTS - IF AN EMPLOYEE REACHES THE IRS LIMITATION FOR EMPLOYER RETIREMENT CONTRIBUTIONS, THE ORGANIZATION PROVIDES A GROSS UP PAYMENT EQUIVALENT TO THE DIFFERENCE BETWEEN THE MAX AMOUNT AND THE AMOUNT THAT WOULD HAVE BEEN CONTRIBUTED IF THERE WERE NO LIMITATIONS.

SCHEDULE J, PART I, LINE 3:

COMPENSATION REVIEW & APPROVAL PROCESS

CEO: AIP'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE TO MANAGE COMPENSATION OF AIP'S CEO. THE CHARTER OF THE COMPENSATION COMMITTEE PROVIDES FOR A PROCEDURE THAT IS CONSISTENT WITH APPLICABLE LAW AND BEST PRACTICES. THE CHARTER PROVIDES THAT THE COMMITTEE "SHALL MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS WITH RESPECT TO THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER." THE COMPENSATION COMMITTEE OBTAINS DATA AS TO COMPARABLE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, RECOMMENDS TERMS OF THE CEO'S EMPLOYMENT AGREEMENTS, AND DETERMINES REASONABLE

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.

COMPENSATION LEVEL. THE COMMITTEE SUBMITS TO THE BOARD A RECOMMENDATION FOR THE CEO'S COMPENSATION FOR EACH FISCAL YEAR. THE BOARD OF DIRECTORS MAKES THE FINAL DECISION ON THE CEO'S COMPENSATION.

SCHEDULE J, PART I, LINE 4A:

KEVIN RUTHEN, AIPP, HEAD OF SOFTWARE DEVELOPMENT, RECEIVED SEVERANCE OF \$59,115 DURING THE YEAR.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1667053

FORM 990, PART III, LINE 1:

AIP'S MISSION IS TO ADVANCE, PROMOTE AND SERVE THE PHYSICAL SCIENCES FOR THE BENEFIT OF HUMANITY. AIP OFFERS PROGRAMS, PRODUCTS, AND SERVICES THAT

- 1) ADVANCE AND DISTRIBUTE THE KNOWLEDGE OF THE PHYSICAL SCIENCES AND ITS APPLICATIONS,
- 2) ENHANCE AND CULTIVATE THE PHYSICAL SCIENCES DISCIPLINES,
- 3) ENABLE AND FOSTER COLLABORATIVE EFFORTS AMONG STAKEHOLDERS IN THE PHYSICAL SCIENCES
- 4) PROMOTE THE PHYSICAL SCIENCES TO THE PUBLIC, GOVERNMENT OFFICIALS, AGENCIES AND THE MEDIA.

FORM 990, PART III, LINE 4A:

PROGRAM SERVICES: AIP PUBLISHING LLC (AIPP) IS A SINGLE MEMBER, NOT-FOR-PROFIT, LIMITED LIABILITY COMPANY OWNED BY THE AMERICAN INSTITUTE OF PHYSICS (AIP). AIPP IS A SCHOLARLY PUBLISHER IN THE PHYSICAL AND RELATED SCIENCES, PROVIDING THE GLOBAL SCIENCE COMMUNITY WITH A COMPREHENSIVE COLLECTION OF CITED, PEER-REVIEWED SCIENTIFIC PAPERS AND OTHER INFORMATION. ACCESSED BY RESEARCHERS AT NEARLY 4,000 INSTITUTIONS WORLDWIDE, AIPP'S PORTFOLIO OF 20 JOURNALS INCLUDES PRESTIGIOUS TITLES SUCH AS APPLIED PHYSICS LETTERS, JOURNAL OF APPLIED PHYSICS, THE JOURNAL OF CHEMICAL PHYSICS, AND THE AIP CONFERENCE PROCEEDINGS. AIPP SUPPORTS THE SCIENTIFIC AND EDUCATIONAL MISSION OF AIP THROUGH ITS SCHOLARLY PUBLISHING ACTIVITIES AND ALSO WORKS WITH SEVERAL OF AIP'S MEMBER SOCIETIES AND OTHER PUBLISHING PARTNERS TO HELP ADVANCE THEIR PUBLISHING MISSION.

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

PHYSICS TODAY, AIP'S FLAGSHIP MAGAZINE, PROVIDES A UNIFYING INFLUENCE FOR THE PHYSICAL SCIENCES THROUGH ITS BROAD AND AUTHORITATIVE COVERAGE OF SCIENTIFIC RESEARCH, NEWS, AND OPINIONS OF RELEVANCE TO THE GLOBAL SCIENTIFIC COMMUNITY. THE MONTHLY MAGAZINE IS RECEIVED BY THE INDIVIDUAL MEMBERS OF AIP'S TEN CONSTITUENT SOCIETIES, LIBRARIES AND INSTITUTIONS AROUND THE WORLD, AND OTHER INTERESTED INDIVIDUALS. THE PHYSICS TODAY WEBSITE PUBLISHES ADDITIONAL MATERIAL AND IS UPDATED DAILY. PHYSICS TODAY ALSO HAS A STRONG PRESENCE ON SOCIAL MEDIA WITH, FOR EXAMPLE, MORE THAN 3 MILLION FOLLOWERS ON FACEBOOK.

FORM 990, PART III, LINE 4B:

AIP PROGRAMS: IN KEEPING WITH ITS MISSION TO ADVANCE, PROMOTE AND SERVE THE PHYSICAL SCIENCES FOR THE BENEFIT OF HUMANITY, AIP OFFERS UNIQUE SERVICES, PRODUCTS, AND EXPERTISE IN:

EDUCATION AND STUDENT SERVICES, HISTORY OF PHYSICS, ARCHIVAL LIBRARY, MEDIA AND GOVERNMENT RELATIONS, MAGAZINE PUBLISHING AND EMPLOYMENT SERVICES FOR SCIENCE AND ENGINEERING PROFESSIONALS, STATISTICAL RESEARCH, AND INDUSTRY OUTREACH.

WITH THE PURPOSE OF PROMOTING THE PROGRESS AND RELEVANCE OF PHYSICAL SCIENCES AND TO ADVANCE THEIR CONTRIBUTIONS AND RESPONSIVENESS TO SOCIETY, AIP GENERATES, COMMUNICATES AND POPULARIZES KNOWLEDGE, UNIQUE EXPERTISE AND AUTHORITATIVE INFORMATION.

THE SOCIETY OF PHYSICS STUDENTS (SPS) IS A SCIENTIFIC SOCIETY FOR PHYSICS

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

UNDERGRADUATES AND THEIR MENTORS, WITH MORE THAN 4200 MEMBERS AND 818 SPS CHAPTERS NATIONWIDE AND 33 INTERNATIONAL CHAPTERS. SPS EXISTS TO SUPPORT DEPARTMENTS AND THE UNDERGRADUATE PHYSICS COMMUNITY.

SIGMA PI SIGMA, THE PHYSICS HONOR SOCIETY, RECOGNIZES OUTSTANDING SCHOLARS IN PHYSICS, ENCOURAGES INTEREST IN THE FIELD, AND PROMOTES AN ATTITUDE OF SERVICE AMONG ITS OVER 70,000 MEMBERS AND 580 CHAPTERS TOWARDS THE ENTIRE PHYSICS COMMUNITY AND THE PUBLIC. A PRIMARY MISSION OF SIGMA PI SIGMA IS TO SUPPORT THE STUDENTS, DEPARTMENTS, AND PHYSICS ALUMNI BY IMPROVING DEPARTMENT HEALTH. THE SOCIETY OF PHYSICS STUDENTS AND SIGMA PI SIGMA PROVIDE ENRICHING EXPERIENCES FOR STUDENTS INTERESTED IN THE PHYSICAL SCIENCES THROUGH INTERNSHIPS, SCHOLARSHIPS, FELLOWSHIPS AND STUDENT PROGRAMS AT SCIENTIFIC MEETINGS - OPPORTUNITIES THAT ARE VITAL TO THE PROFESSIONAL DEVELOPMENT OF THE UNDERGRADUATE PHYSICS STUDENT.

THE AIP HISTORY PROGRAMS (THE CENTER FOR HISTORY OF PHYSICS AND THE NIELS BOHR LIBRARY & ARCHIVES) WORK TO PRESERVE AND MAKE KNOWN THE HISTORICAL RECORD OF THE MODERN PHYSICAL SCIENCES THROUGH DOCUMENTATION, ARCHIVAL COLLECTIONS, ORAL HISTORIES, AND PUBLIC ENGAGEMENT. THE AIP HISTORY PROGRAMS ENSURE THAT THE HERITAGE OF THE PHYSICAL SCIENCES IS SAFEGUARDED AND THAT THE PUBLIC CAN UNDERSTAND HOW PHYSICAL SCIENCE HAS BEEN CENTRAL TO THE HISTORY OF THE MODERN WORLD. THE HISTORY OF THE PHYSICAL SCIENCES OFFERS A RICH FRAMEWORK OF EXCITING PAST ACHIEVEMENTS AND VALUABLE GUIDANCE FOR CURRENT AND FUTURE GENERATIONS. THE NIELS BOHR LIBRARY AND

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

ARCHIVES RECENTLY ACQUIRED A TRANSFORMATIVE COLLECTION OF RARE BOOKS AND PUBLICATIONS CONTAINING THE FIRST PUBLISHED ACCOUNTS OF THE MOST IMPORTANT DISCOVERIES IN PHYSICAL SCIENCES OVER THE PAST FOUR CENTURIES, FEATURING WORKS BY PTOLEMY, GALILEO, HUYGENS, HALLEY, NEUTON, CURIE, LAPLACE, AND MORE.

AIP'S INSIDE SCIENCE IS AN EDITORIALY INDEPENDENT, NEWS OUTLET THAT PRODUCES QUALITY, ACCURATE STEM (SCIENCE-TECHNOLOGY-EDUCATION-MATHEMATICS) NEWS. THE CONTENT IS AVAILABLE FOR SYNDICATION BY MAINSTREAM NEWS ORGANIZATION, INCLUDING THOSE WITH REDUCED OR NON-EXISTENT SCIENCE REPORTERS. INSIDE SCIENCE INCLUDES FOUR AREAS: NEWS ARTICLES, VIDEOS, GUEST COLUMNS AND AN EDITOR'S BLOG.

THE AIP MEDIA SERVICES TEAM WORKS WITH AIP PUBLISHING, AIP MEMBER SOCIETIES AND ALLIED ORGANIZATIONS TO PRODUCE AND PROMOTE TIMELY AND ACCURATE PUBLIC DISSEMINATION OF SCIENTIFIC ADVANCES AND KNOWLEDGE. MEDIA SERVICES STAFF PRESS ROOMS, ORGANIZE PRESS CONFERENCES AND OTHER OUTREACH EVENTS AND PRODUCE HUNDREDS OF WRITTEN STORIES, VIDEOS, IMAGES, INFOGRAPHS AND OTHER FORMS OF PUBLIC INFORMATION FOR THE MEDIA AND GENERAL PUBLIC EVERY YEAR.

THE AIP STATISTICAL RESEARCH CENTER COLLECTS AND DISSEMINATES RELIABLE AND TIMELY DATA ON EDUCATION AND EMPLOYMENT IN PHYSICAL SCIENCES. DATA ARE PUBLISHED IN THE AREAS OF ENROLLMENT, DEGREES, DEMOGRAPHICS, REPRESENTATION OF WOMEN AND MINORITIES, EMPLOYMENT BY ECONOMIC SECTOR,

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

AND SALARY INFORMATION FOR PHYSICS AND ASTRONOMY BACHELOR'S, MASTER'S AND PHD HOLDERS. THE CENTER ALSO PROVIDES SURVEY EXPERTISE AND CONTRACTS WITH MEMBER SOCIETIES AND OUTSIDE ORGANIZATIONS TO CARRY OUT TARGETED STUDIES.

THE AIP INDUSTRIAL PHYSICS FORUM (IPF) BRINGS TOGETHER INDUSTRIAL AND APPLIED SCIENTISTS, WITH RESEARCH MANAGERS AND LEADERS FROM INDUSTRY, ACADEMIA, AND GOVERNMENT, WITH THE GOAL OF ADVANCING THE CONTRIBUTIONS OF PHYSICS AND PHYSICIST TO ECONOMIC GROWTH. IPF MEETINGS FEATURE INVITED SPEAKER SESSIONS THAT COMPLIMENT AIP MEMBER SOCIETY MEETINGS. EXPERTS DISCUSS NEW APPLICATIONS OF PHYSICS, PRODUCT DEVELOPMENTS, AND OTHER OPPORTUNITIES FOR SCIENCE IN TODAY'S ECONOMIC ENVIRONMENT. THE IPF OFFERS PARTICIPANTS OPPORTUNITIES TO LEARN ABOUT INNOVATIONS IN THE FIELD, TO INTERFACE WITH THE PEOPLE DRIVING THEM, AND TO STRATEGIZE ABOUT DIRECTIONS FOR FUTURE ECONOMIC AND SCIENTIFIC PROGRESS.

AIP VENTURE PARTNERSHIP FUND (VPF) USES A PORTION OF ITS STRATEGIC RESERVES AS A BOARD-DESIGNATED FUND, THE PROCEEDS OF WHICH ARE USED TO FUND INNOVATIVE PROJECTS BETWEEN ONE OR MORE-MEMBER SOCIETIES AND AIP. FOR A MEMBER SOCIETY TO RECEIVE THIS GRANT, THE SOCIETY MUST SUBMIT A PROPOSAL TO THE VPF COMMITTEE. THE VPF COMMITTEE IS MADE UP OF INDEPENDENT MEMBERS. IT'S THROUGH THEIR REVIEW PROCESS THAT GRANTS ARE AWARDED.

FORM 990, PART VI, LINE 6:

EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS:

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

AIP IS A NON-STOCK, NON-PROFIT MEMBER CORPORATION.

FORM 990, PART VI, LINE 7A:

HOW MEMBERS OF SHAREHOLDERS ELECT GOVERNING BOARD:

THE BOARD OF DIRECTORS IS COMPOSED OF THE FOLLOWING INDIVIDUALS: ONE (1) INDIVIDUAL IS ELECTED OR APPOINTED BY EACH MEMBER (A MEMBER SOCIETY DIRECTOR). NOT FEWER THAN TWO (2) AND NOT MORE THAN FOUR (4) INDIVIDUALS, AS THE BOARD OF DIRECTORS SHALL DETERMINE, ELECTED BY THE BOARD OF DIRECTORS (THE AT-LARGE DIRECTORS). THE CHAIR OF THE BOARD OF DIRECTORS, THE CORPORATE SECRETARY, AND THE CHIEF EXECUTIVE OFFICER, EX-OFFICIO (THE EX-OFFICIO DIRECTORS).

FORM 990, PART VI, LINE 7B:

THE MEMBER SOCIETY REPRESENTATIVES ARE NOT OFTEN CALLED UPON TO TAKE ACTION IN THEIR ROLE AS THE VOTING MEMBERS OF AIP. RESPONSIBILITIES OF THE MEMBER SOCIETY REPRESENTATIVE INCLUDE:

- APPROVING MEMBER SOCIETY DESIGNATED DIRECTORS TO THE AIP BOARD, OR THEIR RE-APPOINTMENT FOR A SECOND TERM.
- APPROVING AMENDMENTS TO THE BYLAWS.
- ADMITTING NEW MEMBER SOCIETIES TO THE FEDERATION.
- MAKING A FINAL DECISION IN THE EVENT THAT AIP EVER CONSIDERS A FUNDAMENTAL CHANGE IN ITS STRUCTURE SUCH AS A MERGER, CONSOLIDATION, DISSOLUTION OR SALE OF SUBSTANTIALLY ALL ITS ASSETS.

FORM 990, PART VI, LINE 11B:

FORM 990 REVIEW PROCESS:

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM WITH THE ASSISTANCE OF AIP'S MANAGEMENT. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AND THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C:

THE CONSOLIDATED AIP CONSISTS OF THE PARENT CORPORATION (AIP) AND ITS WHOLLY OWNED SUBSIDIARY AIP PUBLISHING LLC (AIPP). DUE TO THE NATURE OF THE RELATIONSHIP BETWEEN AIP AND AIPP, EACH ORGANIZATION MAINTAINS AND MANAGES ITS OWN CONFLICT OF INTEREST (COI) POLICY. AT AIP, ANNUALLY, A CONFLICT OF INTEREST (COI) DISCLOSURE IS COMPLETED BY ALL AIP COVERED PERSONS (OFFICERS, DIRECTORS AND KEY PERSONS). NO AIPP EMPLOYEES ARE AIP COVERED PERSONS. THE CHAIR OF THE AUDIT COMMITTEE AND THE CORPORATE SECRETARY REVIEW THE DISCLOSURES, EVALUATE IF THERE ARE CONFLICTS OF INTEREST THAT NEED TO BE MANAGED, AND REPORT THEIR FINDINGS TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN DETERMINES THE NEXT STEPS WITH RESPECT TO MANAGING ANY CONFLICTS OF INTEREST. THE FINAL RESULTS OF THE DISCLOSURE REVIEWS AND ANY MANAGEMENT PLANS ARE REPORTED TO INDIVIDUAL DIRECTORS AND TO THE BOARD. AIP'S COI POLICY IS MADE AVAILABLE TO THE PUBLIC THROUGH AIP'S WEBSITE, LOCATED AT WWW.AIP.ORG/AIP/LEADERSHIP.

AT AIPP, ANNUALLY, ALL MEMBERS OF THEIR BOARD OF MANAGERS, ALL OFFICERS OF THE COMPANY, AND KEY EMPLOYEES CONFIRM THAT THEY HAVE READ AND UNDERSTAND AND AGREE TO COMPLY WITH AIPP'S COI POLICY. ALL OTHER AIPP EMPLOYEES ARE NOT REQUIRED TO CONFIRM ANNUALLY. THE CFO OF AIPP CERTIFIES ANNUALLY TO THE CFO OF AIP THAT AIPP IS REGULARLY AND CONSISTENTLY

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

MONITORING AND ENFORCING COMPLIANCE WITH THE AIPP COI POLICY. AIPP DOES NOT MAKE ITS COI POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, LINE 15A:

COMPENSATION REVIEW & APPROVAL PROCESS

CEO: AIP'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE TO MANAGE COMPENSATION OF AIP'S CEO. THE CHARTER OF THE COMPENSATION COMMITTEE PROVIDES FOR A PROCEDURE THAT IS CONSISTENT WITH APPLICABLE LAW AND BEST PRACTICES. THE CHARTER PROVIDES THAT THE COMMITTEE "SHALL MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS WITH RESPECT TO THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER." THE COMPENSATION COMMITTEE OBTAINS DATA AS TO COMPARABLE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, RECOMMENDS TERMS OF THE CEO'S EMPLOYMENT AGREEMENTS, AND DETERMINES REASONABLE COMPENSATION LEVEL. THE COMMITTEE SUBMITS TO THE BOARD A RECOMMENDATION FOR THE CEO'S COMPENSATION FOR EACH FISCAL YEAR. THE BOARD OF DIRECTORS MAKES THE FINAL DECISION ON THE CEO'S COMPENSATION.

FORM 990, PART VI, LINE 15B:

COMPENSATION REVIEW AND APPROVAL PROCESS:

OFFICERS: A COMPENSATION CONSULTING FIRM IS RETAINED TO PERIODICALLY REVIEW THE COMPENSATION RANGES OF THE OFFICERS. THE SENIOR DIRECTOR OF HUMAN RESOURCES PRESENTS THIS INFORMATION TO THE COMPENSATION COMMITTEE FOR INFORMATION PURPOSES ONLY.

FORM 990, PART VI, LINE 19:

OTHER ORGANIZATION DOCUMENTS MADE AVAILABLE TO THE PUBLIC:

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

THE AIP WEBSITE HAS A GOVERNANCE SECTION THAT INCLUDES CORPORATION BYLAWS. ALSO ON THE WEBSITE ARE ANNUAL REPORTS THAT INCLUDE FINANCIAL HIGHLIGHTS FOR AIP. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FORM 990 ARE ALSO AVAILABLE ON THE WEBSITE, LOCATED AT WWW.AIP.ORG/AIP/ANNUAL REPORT.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

RARE BOOKS:	(\$5,027,415)
NET PERIODIC POSTRETIREMENT COST:	(\$ 41,478)
OTHER:	(\$ 520)
TOTAL:	(\$5,069,413)

FORM 990, PART XII, LINE 2C:

AIPP PRODUCES A SINGLE AUDIT REPORT PREPARED BY THE SAME AUDIT FIRM USED BY AIP. THE SINGLE AUDIT REPORT IS INCORPORATED INTO THE CONSOLIDATED FINANCIAL STATEMENTS OF AIP.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ORIGIN EDITORIAL, LLC PO BOX 861 PLYMOUTH, MA 02362	EDITORIAL OPERATIONS	1,652,075.
BRYAN CAVE LEIGHTON 1155 F STREET WASHINGTON, DC 20004	LEGAL FEES	605,288.
ERNST AND YOUNG, LLC 200 PLAZA DRIVE SECAUCUS, NJ 07094	CONSULTING SERVICES	360,373.

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
---	--

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GREEN KEY TEMP, LLC 475 PARK AVE, S NEW YORK, NY 07094	TEMPORARY AGENCY	300,086.
PHI PERSPECTIVES 2238 FITZWATER STREET PHILADELPHIA, PA 19146	CONSULTING SERVICES	180,508.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AIP PUBLISHING LLC 1305 WALT WHITMAN RD STE 300 MELVILLE, NY 11747 46-1881138	PUBLISHING	NY	55,750,000.	60,038,000.	AIP
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN CENTER FOR PHYSICS 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740 52-1712905	OFFICE SPACE	MD	501(C)(3)	12B	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW CRYSTALLOGRAPHY JOURNAL, L 1305 WALT WHITMAN RD, STE 300	PUBLISHING	DE	N/A	RELATED	-43,883.	86,289.		X		X		50.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AIP GLOBAL, INC 1305 WALT WHITMAN RD, STE 300 MELVILLE, NY 11747	INTL. OFFICE	DE	AIPP	C CORP	49,428.	79,263.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AIP GLOBAL, INC	P	329,077.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III, LINE 1, COLUMN A:

NAME, ADDRESS & EIN OF RELATED ORGANIZATION

NEW CRYSTALLOGRAPHY JOURNAL, LLC

1305 WALT WHITMAN ROAD, SUITE 300

MELVILLE, NY 11747

EIN: 90-0988084

SCHEDULE R, PART IV, LINE 1, COLUMN D:

FOR THE CALENDAR YEAR 2018, AIP PUBLISHING LLC, A DISREGARDED ENTITY WITH

RESPECT TO AIP, OWNED 100% OF AIP GLOBAL.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018.

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 3 Describe the only (or first) unrelated trade or business here: INVESTMENTS IN PARTNERSHIPS.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No

J The books are in care of CATHERINE G. SWARTZ, CFO Telephone number 301-209-3100

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss, 32 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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.

Sign Here: Signature of officer, Date, Title. Includes a box for 'May the IRS discuss this return with the preparer shown below'.

Paid Preparer Use Only: Print/Type preparer's name (MARC BERGER), Preparer's signature, Date, Firm's name (BDO USA, LLP), Firm's address (8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102), Firm's EIN (13-5381590), and Phone no. (703-893-0600).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		
			to the organization?		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.** Employer identification number **13-1667053**

Unrelated business activity code (see instructions) ▶ **541800**

Describe the unrelated trade or business ▶ **PERIODICAL ADVERTISING**

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Schedule D)		4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from a partnership or an S corporation (attach statement)		5		
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J) ATTCH 2		11	3,163,695.	3,397,726.
12	Other income (See instructions; attach schedule)		12		
13	Total. Combine lines 3 through 12		13	3,163,695.	3,397,726.
					-234,031.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14		
15	Salaries and wages		15		
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule) (see instructions)		18		
19	Taxes and licenses		19		
20	Charitable contributions (See instructions for limitation rules)		20		
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			22b
23	Depletion		23		
24	Contributions to deferred compensation plans		24		
25	Employee benefit programs		25		
26	Excess exempt expenses (Schedule I)		26		
27	Excess readership costs (Schedule J)		27		
28	Other deductions (attach schedule)		28		
29	Total deductions. Add lines 14 through 28		29		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-234,031.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32	Unrelated business taxable income. Subtract line 31 from line 30		32		-234,031.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ ACCOUNTING SERVICE REVENUE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <u>ATCH 3</u>	12	25,883.	25,883.
13	Total. Combine lines 3 through 12	13	25,883.	25,883.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
		22b		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) <u>ATCH 4</u>	28		21,423.
29	Total deductions. Add lines 14 through 28	29		21,423.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		4,460.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		4,460.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

OAKTREE REAL ESTATE OPPORTUNITIES FUND V, LP.	26,656.
INCOME (LOSS) FROM PARTNERSHIPS	<u>26,656.</u>

ATTACHMENT 2

SCHEDULE M LINE 11 - SCHEDULE J?ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1 <u>NAME OF PERIODICAL</u>	2 <u>GROSS ADVERTISING INCOME</u>	3 <u>DIRECT ADVERTISING COSTS</u>	4 <u>ADVERTISING GAIN OR LOSS</u>	5 <u>CIRCULATION INCOME</u>	6 <u>READERSHIP COSTS</u>	7 <u>EXCESS READERSHIP COSTS</u>
PHYSICS TODAY	1,912,842.	1,892,409.		2,144,579.	4,855,414.	
CAREER NETWORK	813,100.	698,770.				
AIPP JOURNALS	110,898.	293,213.		5,031,879.	4,036,629.	
ONLINE ADVERTISING	326,855.	513,334.				
	<u>3,163,695.</u>	<u>3,397,726.</u>	<u>-234,031.</u>	<u>8,892,043.</u>	<u>8,892,043.</u>	
	<u>3,163,695.</u>	<u>3,397,726.</u>				

SCHEDULE M - LINE 12 - OTHER INCOME

ACCOUNTING SERVICES INCOME

25,883.

LINE 12 - OTHER INCOME

25,883.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING SERVICES EXPENSES

21,423.

PART II - LINE 28 - OTHER DEDUCTIONS

21,423.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2018

Name **AMERICAN INSTITUTE OF PHYSICS, INC.** Employer identification number **13-1667053**

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked		7.		-7.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-7.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	76,791.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions (see instructions)			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	76,791.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	76,784.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	76,784.

Note: If losses exceed gains, see **Capital losses** in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return AMERICAN INSTITUTE OF PHYSICS, INC.	Social security number or taxpayer identification number 13-1667053
---	---

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	OAKTREE OPPORTUNITIES FUND LP	VARIOUS	VARIOUS		7.			-7.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				7.			-7.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return: AMERICAN INSTITUTE OF PHYSICS, INC.
Identifying number: 13-1667053

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: ATTACHMENT 1, 76,791.

3 Gain, if any, from Form 4684, line 39. 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824. 5
6 Gain, if any, from line 32, from other than casualty or theft. 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows. 7 76,791.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions. 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7. 11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31. 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a. 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36. 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. 16
17 Combine lines 10 through 16. 17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions. 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14. 18b

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20.	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a.	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

