

All Copy

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

**A** For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

<b>B</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	<b>C</b> Name of organization AMERICAN INSTITUTE OF PHYSICS, INC.			<b>D</b> Employer identification number 13-1667053
	Doing Business As			<b>E</b> Telephone number (301) 209-3100
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 103,945,928.
	ONE PHYSICS ELLIPSE			
City or town, state or province, country, and ZIP or foreign postal code COLLEGE PARK, MD 20740-3843			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: MICHAEL MOLONEY ONE PHYSICS ELLIPSE, COLLEGE PARK, MD 20740-3843			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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			If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ WWW.AIP.ORG			<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1931	<b>M</b> State of legal domicile: NY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	337.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	172.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,673,931.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	213,141.	7,147,272.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,181,400.	66,215,116.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,124,532.	7,905,414.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,560,845.	1,822,126.
		76,079,918.	83,089,928.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	662,802.	820,709.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,396,909.	33,796,881.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 871,430.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,536,628.	38,464,068.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,596,339.	73,081,658.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,483,579.	10,008,270.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	218,396,754.	252,135,023.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	39,571,541.	43,683,768.
	178,825,213.	208,451,255.	

## 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.

<b>Sign Here</b>	Signature of officer			11/05/2020	
	CATHERINE G. SWARTZ			Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MARC BERGER		<i>Marc Berger</i>	11/5/2020	PTIN P01871563
	Firm's name ▶ BDO USA, LLP		Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102					

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** (2019)

**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 \$ 48,911,428. including grants of \$ ) (Revenue \$ 63,161,678. )

PUBLISHING RELATED. SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 13,026,804. including grants of \$ 811,322. ) (Revenue \$ 3,053,438. )

PHYSICAL SCIENCE PROGRAMS AND RESOURCES. SEE SCHEDULE O

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

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses ▶ 61,938,232.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-1c regarding Form 1096, 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. <span style="float:right">2a 337</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	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 <span style="float:right">▶ CHINA</span> 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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 <span style="float:right">7d</span>		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 . . . . . <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> 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 . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
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? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
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? . . . . . <span style="float:right">15</span> 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? <i>If "Yes," complete Form 4720, Schedule O.</i> <span style="float:right">16</span>		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 on 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 (16), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records Catherine G. Swartz, CFO One Physics Ellipse College Park, MD 20740-3843 301-209-3100

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 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 HAYNES AIPP, CEO	40.00 0.				X			705,586.	0.	44,270.
(2) MICHAEL MOLONEY CEO	40.00 10.00	X		X				511,123.	0.	46,191.
(3) ROY LEVENSON AIPP, CFO	40.00 0.				X			386,487.	0.	51,480.
(4) JASON WILDE AIPP, CHIEF PUBLISHING OFFICER	40.00 0.				X			366,061.	0.	53,352.
(5) CATHERINE SWARTZ CFAO	40.00 10.00			X				336,374.	0.	45,756.
(6) KEVIN STEINER AIPP, HEAD OF GLOBAL SALES	40.00 0.				X			235,311.	0.	48,991.
(7) STEPHEN MACKWELL DEO	40.00 0.			X				245,180.	0.	23,262.
(8) TRACY DENIEN AIPP, HEAD OF INFO. TECHNOLOGY	40.00 0.				X			194,483.	0.	62,840.
(9) SARA GIRARD AIPP, HEAD OF MKT AND COMM	40.00 0.					X		182,889.	0.	43,751.
(10) PETER INCHAUTEGUIZ SR DIRECTOR, STRATEGIC MKT	40.00 0.					X		198,700.	0.	21,002.
(11) SHERRY RENDER CONTROLLER	40.00 0.					X		181,788.	0.	36,062.
(12) ADAM CHESLER AIPP, DIR GLOBAL SALES	40.00 0.					X		192,114.	0.	20,269.
(13) NAOMI SCHMUCKLER SR DIR, HUMAN RESOURCES	40.00 0.					X		182,496.	0.	27,830.
(14) LARRY FISHBEIN SR DIR, NEWS AND MAGAZINES	40.00 0.				X			179,720.	0.	16,740.



**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) DAVID HELFAND CHAIR	10.00 10.00	X		X				70,000.	0.	0.
( 16) JOHN KENT TREASURER	8.00 0.	X						0.	0.	0.
( 17) JUDY DUBNO INTERIM SECRETARY	10.00 0.	X		X				0.	0.	0.
( 18) SUSAN AVERY DIRECTOR	4.00 0.	X						0.	0.	0.
( 19) J DANIEL BOURLAND DIRECTOR	8.00 0.	X						0.	0.	0.
( 20) SUSAN BURKETT DIRECTOR	4.00 0.	X						0.	0.	0.
( 21) JACK HEHN DIRECTOR	4.00 0.	X						0.	0.	0.
( 22) KATE KIRBY DIRECTOR	4.00 3.00	X						0.	0.	0.
( 23) ALLISON MACFARLANE DIRECTOR	4.00 0.	X						0.	0.	0.
( 24) KEVIN MARVEL DIRECTOR	4.00 0.	X						0.	0.	0.
( 25) MICHAEL MORGAN DIRECTOR	8.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								4,168,312.	0.	541,796.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,168,312.	0.	541,796.

**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 **▶** 83

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 **▶** 8

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Rows include FAITH MORRISON, ELIZABETH NOLAN, NATHAN SANDARS, and CHERYL STEVENS.

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 83

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a header row and several empty rows for data entry.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>						
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	190,082.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	6,957,190.					
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶			7,147,272.				
	<b>Program Service Revenue</b>	<b>2a</b>	PUBLISHING RELATED	Business Code	511120	63,161,678.	61,337,448.	1,824,230.	
<b>b</b>		PHYSICAL SCIENCES		900099	3,053,438.	2,203,737.	849,701.		
<b>c</b>									
<b>d</b>									
<b>e</b>									
<b>f</b>		All other program service revenue . . . . .							
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			66,215,116.				
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			6,132,373.		6,132,373.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b>	Royalties . . . . . ▶			0.				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal				
				<b>b</b>	Less: rental expenses	<b>6b</b>			
				<b>c</b>	Rental income or (loss)	<b>6c</b>			
	<b>d</b>	Net rental income or (loss) . . . . . ▶				0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
				<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	22,629,041.		
				<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	20,856,000.		
	<b>d</b>	Net gain or (loss) . . . . . ▶				1,773,041.	1,773,041.		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
				<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			0.
				<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶				0.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
<b>b</b>				Less: direct expenses . . . . .	<b>9b</b>			0.	
<b>c</b>				Net income or (loss) from gaming activities. . . . . ▶				0.	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.				
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			0.	
			<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶				0.	
<b>Miscellaneous Revenue</b>	<b>11a</b>	PASS THRU MEMBER SOCIETY	Business Code	900099	1,781,151.		1,781,151.		
	<b>b</b>	EQUITY GAIN ON ACP		900099	40,975.		40,975.		
	<b>c</b>								
	<b>d</b>	All other revenue . . . . .							
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			1,822,126.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			83,089,928.	63,541,185.	2,673,931.	9,727,540.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	441,790.	441,790.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	318,754.	318,754.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	60,165.	60,165.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,072,934.	2,106,861.	1,966,073.	
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 . . . . .	21,765,199.	13,271,830.	8,202,891.	290,478.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,073,477.	1,305,698.	747,637.	20,142.
9 Other employee benefits . . . . .	4,035,561.	2,540,436.	1,456,736.	38,389.
10 Payroll taxes . . . . .	1,849,710.	1,164,004.	668,523.	17,183.
11 Fees for services (nonemployees):				
a Management . . . . .	2,078,934.	612,361.	1,443,623.	22,950.
b Legal . . . . .	649,801.		649,801.	
c Accounting . . . . .	195,467.	2,188.	193,279.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	121,302.		121,302.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,635,610.	771,370.	864,240.	
12 Advertising and promotion . . . . .	3,051,521.	2,964,312.	80,317.	6,892.
13 Office expenses . . . . .	1,634,858.	938,492.	694,258.	2,108.
14 Information technology . . . . .	4,148,432.	1,735,062.	2,407,840.	5,530.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	3,222,699.	239,501.	2,983,198.	
17 Travel . . . . .	1,417,287.	1,136,024.	256,186.	25,077.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	1,661,808.	1,134,044.	527,764.	
20 Interest . . . . .	25,162.		25,162.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,193,861.	15,589.	1,178,272.	
23 Insurance . . . . .	182,350.		182,350.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDIT MANAGEMENT	5,346,541.	5,346,541.		
b PUBLISHING PRODUCTION	2,216,531.	2,205,615.	-2,406.	13,322.
c PASS THRU MEMBER SOCIETY	8,065,791.	8,065,791.		
d PUBLISHING PRINTING	1,629,591.	1,627,688.	1,903.	
e All other expenses	-13,478.	13,934,116.	-14,376,953.	429,359.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>73,081,658.</b>	<b>61,938,232.</b>	<b>10,271,996.</b>	<b>871,430.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	29,810,881.	<b>1</b>	29,174,773.
	<b>2</b> Savings and temporary cash investments. . . . .	2,655,876.	<b>2</b>	3,668,353.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,875,158.	<b>3</b>	1,943,650.
	<b>4</b> Accounts receivable, net. . . . .	3,772,420.	<b>4</b>	4,430,604.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	175,455.	<b>7</b>	180,376.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,433,191.	<b>9</b>	4,169,043.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 13,547,540.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 9,975,377.	4,458,677.	<b>10c</b> 3,572,163.
	<b>11</b> Investments - publicly traded securities. . . . .	127,743,764.	<b>11</b>	169,003,952.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	29,741,960.	<b>12</b>	20,221,762.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	608,009.	<b>13</b>	608,009.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	15,121,363.	<b>15</b>	15,162,338.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	218,396,754.	<b>16</b>	252,135,023.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	8,966,467.	<b>17</b>	8,068,223.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	20,822,773.	<b>19</b>	24,957,697.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	9,782,301.	<b>25</b>	10,657,848.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	39,571,541.	<b>26</b>	43,683,768.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	151,157,428.	<b>27</b>	169,642,053.
	<b>28</b> Net assets with donor restrictions. . . . .	27,667,785.	<b>28</b>	38,809,202.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	178,825,213.	<b>32</b>	208,451,255.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	218,396,754.	<b>33</b>	252,135,023.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	83,089,928.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	73,081,658.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,008,270.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	178,825,213.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,554,752.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-936,980.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	208,451,255.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**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](http://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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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. Add lines 7 through 10; 12 Gross receipts from related activities; 13 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	625,308.	542,542.	5,181,382.	213,141.	7,147,272.	13,709,645.
<b>2</b> 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 . . . . .	57,996,069.	59,517,781.	57,157,030.	57,155,856.	66,215,116.	298,041,852.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	58,621,377.	60,060,323.	62,338,412.	57,368,997.	73,362,388.	311,751,497.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .			5,000,000.			5,000,000.
<b>b</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.
<b>c</b> Add lines 7a and 7b. . . . .			5,000,000.			5,000,000.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						306,751,497.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	58,621,377.	60,060,323.	62,338,412.	57,368,997.	73,362,388.	311,751,497.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,815,457.	3,503,594.	5,265,827.	5,073,872.	6,132,373.	23,791,123.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	3,815,457.	3,503,594.	5,265,827.	5,073,872.	6,132,373.	23,791,123.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> . . . . .	3,917,266.	766,626.	1,791,993.	6,560,845.	1,822,126.	14,858,856.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	66,354,100.	64,330,543.	69,396,232.	69,003,714.	81,316,887.	350,401,476.
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	87.54 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	86.11 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	6.79 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	6.06 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> 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>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>	<b>2a</b>		
<b>b</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>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**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 <b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

**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	2015	2016	2017	2018	2019	TOTAL
MEMBER SOCIETIES PASSTHRU SVCS	2,538,121.	2,583,787.	2,153,917.	2,209,360.	1,781,151.	11,266,336.
EQUITY GAIN/LOSS ON ACP INV	1,379,145.	-1,817,161.	-361,924.	4,351,485.	40,975.	3,592,520.
<b>TOTALS</b>	<u>3,917,266.</u>	<u>766,626.</u>	<u>1,791,993.</u>	<u>6,560,845.</u>	<u>1,822,126.</u>	<u>14,858,856.</u>

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
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**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, 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	_____ _____ _____	\$ 6,734,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 60,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 13,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 10,500.	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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 8,000.	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.)
		\$	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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**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) 2019

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 influencing legislation, volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

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

2019

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

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

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 FASB 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 FASB 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 FASB 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) 2019



**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 make 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 program
  - 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	111,211,052.	23,014,776.	17,347,568.	16,654,442.	27,228,652.
<b>b</b> Contributions . . . . .	6,762,670.	2,059,000.	2,882,328.	68,565.	246,811.
<b>c</b> Net investment earnings, gains, and losses . . . . .	20,297,013.	-1,232,576.	3,439,156.	1,216,351.	-460,358.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,514,646.	-87,369,852.	654,276.	591,790.	10,360,663.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	132,756,089.	111,211,052.	23,014,776.	17,347,568.	16,654,442.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 81.0000 %
  - b** Permanent endowment ▶ 8.0000 %
  - c** Term endowment ▶ 11.0000 %
- 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		4,921,842.	2,779,595.	2,142,247.
<b>d</b> Equipment . . . . .		1,609,339.	1,208,597.	400,742.
<b>e</b> Other . . . . .		7,016,359.	5,987,185.	1,029,174.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				3,572,163.

**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	20,221,762.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	20,221,762.	

**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)		
<b>Total.</b> (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	15,162,338.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,162,338.

**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	7,068,016.
(3) DUE TO MEMBER SOCIETIES	1,832,188.
(4) DEFERRED RENT	1,757,644.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,657,848.

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 FASB 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 & 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 ASSET USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

SCHEDULE D, PART V, LINE 4:

AIP HAS 15 SEPARATE FUNDS WHICH HAVE BEEN ENDOWED BY DONORS. THE EARNINGS FROM THE ENDOWMENTS HELP SUPPORT THE HISTORY CENTER, THE NIELS BOHR LIBRARY & ARCHIVES, THE 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.

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 THE 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 DRIVEN BY STRATEGY, PROMOTE GROWTH, AND INCREASE STATURE AND INNOVATION WITHIN THE MEMBER SOCIETIES AND THE AIP FEDERATION.

SUSTAINABILITY OF THE NIELS BOHR LIBRARY & ARCHIVES & 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 & ARCHIVE AND THE CENTER FOR HISTORY OF PHYSICS IN PERPETUITY.

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 IN THE

**Part XIII** Supplemental Information *(continued)*

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CONSOLIDATED FINANCIAL STATEMENTS. AS DECEMBER 31, 2019 AND 2018, 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

**2019**

**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](http://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
<b>(1)</b> EAST ASIA AND THE PACIFIC	1.	3.	PROGRAM SERVICES	LIASON OFFICE	412,270.
<b>(2)</b> EUROPE	0.	0.	GRANTMAKING		55,003.
<b>(3)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		3,669.
<b>(4)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		1,493.
<b>(5)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		72,139.
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	1.	3.			544,574.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	3.			544,574.

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

Schedule F (Form 990) 2019

**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	5,790.	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 . . . . .



**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)
<b>(1)</b> WRITING AWARD	EUROPE/ICELAND/GREENLAND	2.	5,500.	CHECK			
<b>(2)</b> ORAL HISTORY PRESERVATION	EAST ASIA/PACIFIC	1.	1,493.	CHECK			
<b>(3)</b> ORAL HISTORY PRESERVATION	EUROPE/ICELAND/GREENLAND	13.	15,705.	CHECK			
<b>(4)</b> ACHIEVEMENTS IN PHYSICS AWARD	EUROPE/ICELAND/GREENLAND	5.	28,008.	CHECK			
<b>(5)</b> ORAL HISTORY PRESERVATION	SOUTH AMERICA	3.	3,669.	CHECK			
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							
<b>(13)</b>							
<b>(14)</b>							
<b>(15)</b>							
<b>(16)</b>							
<b>(17)</b>							
<b>(18)</b>							

**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))				
Revenue	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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
CAMPBELL AND CO.  ONE EAST WACKER DRIVE CHICAGO IL 60601	CONSULTING		X		22,950.	-22,950.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**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](http://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 ASSOC. OF PHYSICISTS IN MEDICINE 1631 PRINCE STREET ALEXANDRIA, VA 22314	23-7057224	501(C)(3)	92,575.				SEE PART IV
(2) AMERICAN ASTRONOMICAL SOCIETY 1667 K ST NW, STE 800 WASHINGTON, DC 20006	21-0735173	501(C)(3)	82,000.				SEE PART IV
(3) AMERICAN ASSOCIATION OF PHYSICS TEACHERS 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	52-0749775	501(C)(3)	66,689.				SEE PART IV
(4) GEORGE WASHINGTON UNIVERSITY 725 21ST STREET WASHINGTON, DC 20052	53-0196584	501(C)(3)	32,737.				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) SOCIETY OF RHEOLOGY 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	13-6203476	501(C)(3)	27,000.				SEE PART IV
(7) RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	20,400.				SEE PART IV
(8) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	10,000.				SEE PART IV
(9) OFFICE OF RESEARCH SERVICES 201 STEPHENSON PKWY NORMAN, OK 73019	73-1377584	501(C)(3)	6,801.				SEE PART IV
(10) TEXAS LUTHERAN UNIVERSITY 1000 W COURT SEGUIN, TX 78155	74-1109748	501(C)(3)	6,395.				SEE PART IV
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

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) (2019)



**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 CONGRESSIONAL AND US STATE DEPARTMENT FELLOWS	5.	192,611.			
2 SCHOLARSHIPS AND AWARDS FOR SPS MEMBERS	35.	40,468.			
3 TRAVEL AND MEETING EXPENSES	104.	25,399.			
4 AWARDS FOR ACHIEVEMENTS IN PHYSICS	5.	23,150.			
5 ORAL HISTORY INTERVIEW AND RESEARCH PROJECTS	5.	6,626.			
6 SCIENCE WRITING AWARDS	6.	6,000.	3,371.	FMV	CHAIRS
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, LINES 1-10:

- 1) PROVIDE FUNDING TO PRODUCE VIDEOS TO ENCOURAGE A DIVERSE AND INCLUSIVE POOL OF APPLICANTS TO APPLY FOR MEDICAL PHYSICS GRADUATE AND FELLOWSHIP PROGRAMS IN ORDER TO FURTHER INCREASE THE LEVEL OF DIVERSITY AND INCLUSION WITHIN THE PROFESSION.
- 2) PROVIDE CONTINUED FUNDING TO PROVIDE AN INTRODUCTION TO THE TOOLS USED IN HANDLING BIG DATA FOR RESEARCHERS TO USE AS THE 'BUILD' THEIR SCIENCE.
- 3) PROVIDE CONTINUED FUNDING TO TRAIN TEACHERS TO BE ADVOCATES AT THE LOCAL LEVEL FOR SOUND SCIENCE EDUCATION POLICY.

**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.

- 4) 2019 MEGGARS PROJECT AWARD RECIPIENT
- 5) PROVIDE FUNDING TO PRODUCE A SET OF VIDEOS WHICH WILL ENHANCE AND AUGMENT PRE-COLLEGE TEACHER'S UNDERGRADUATE SCIENCE OF AND IN A VACUUM.
- 6) FUNDING USED TO PROCESS, ARCHIVE AND PROVIDE ACCESS TO THE RONALD DREVER PAPERS.
- 7) FUNDING USED TO PROCESS, ARCHIVE AND PROVIDE ACCESS TO THE JENS RUD NEILSEN COLLECTION.
- 8) FUNDING TO SUPPORT STUDENTS ATTENDING THE 2019 SIGMA PI SIGMA CONGRESS.
- 9) PROVIDE HOUSING FOR 17 UNDERGRADUATE PHYSICS STUDENTS SELECTED FOR THE

**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.

SOCIETY OF PHYSICS STUDENTS SUMMER INTERN PROGRAM.

10) PROVIDE FUNDING TO 1) QUANTIFY THE DIVERSITY (MULTIVARIATE) OF OUR MEMBERSHIP; 2) IDENTIFY HOW THE SOCIETY CAN BETTER SERVE THE RHEOLOGY COMMUNITY MORE BROADLY, AND; 3) IMPROVE DIVERSITY AND INCLUSION IN PART BY GROWING OUR MEMBERSHIP THROUGH PROGRAMS TARGETING STUDENTS AND EARLY CAREER RHEOLOGISTS AS WELL AS IMPROVING EXISTING SOR PROGRAMS AND PRACTICES.

**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.

SCHEDULE I, PART I, LINE 2:

PROCEDURE FOR MONITORING USE OF GRANTS IN 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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 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
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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)	417,123.	75,000.	19,000.	28,000.	18,191.	557,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 STEPHEN MACKWELL DEO	(i)	245,180.	0.	0.	0.	23,262.	268,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CATHERINE SWARTZ CFAO	(i)	328,759.	4,203.	3,412.	28,000.	17,756.	382,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOHN HAYNES AIPP, CEO	(i)	494,357.	191,629.	19,600.	28,000.	16,270.	749,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LARRY FISHBEIN SR DIR, NEWS AND MAGAZINES	(i)	179,572.	148.	0.	15,495.	1,245.	196,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROY LEVENSON AIPP, CFO	(i)	295,511.	80,364.	10,612.	28,000.	23,480.	437,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ADAM CHESLER AIPP, DIR GLOBAL SALES	(i)	137,157.	32,479.	22,478.	19,153.	1,116.	212,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KEVIN STEINER AIPP, HEAD OF GLOBAL SALES	(i)	170,193.	46,194.	18,924.	24,040.	24,951.	284,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JASON WILDE AIPP, CHIEF PUBLISHING OFFICER	(i)	289,125.	47,700.	29,236.	28,000.	25,352.	419,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 TRACY DENIEN AIPP, HEAD OF INFO. TECHNOLOGY	(i)	176,053.	17,830.	600.	20,353.	42,487.	257,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SHERRY RENDER CONTROLLER	(i)	179,108.	2,680.	0.	18,851.	17,211.	217,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 NAOMI SCHMUCKLER SR DIR, HUMAN RESOURCES	(i)	179,874.	2,622.	0.	18,444.	9,386.	210,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 PETER INCHAUTEGUIZ SR DIRECTOR, STRATEGIC MKT	(i)	195,900.	2,800.	0.	19,696.	1,306.	219,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 SARA GIRARD AIPP, HEAD OF MKT AND COMM	(i)	165,871.	14,734.	2,284.	18,829.	24,922.	226,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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: BOTH AIP'S BOARD OF DIRECTORS AND AIPP'S BOARD OF MANAGERS HAVE 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

**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.

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.



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**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, AND
- 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 WORKS WITH SEVERAL OF AIP'S MEMBER SOCIETIES AND OTHER PUBLISHING PARTNERS TO HELP ADVANCE THEIR PUBLISHING MISSIONS.

PHYSICS TODAY, AIP'S FLAGSHIP MAGAZINE, PROVIDES A UNIFYING INFLUENCE FOR

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
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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 10 CONSTITUENT SOCIETIES, AS WELL AS LIBRARIES, AND INSTITUTIONS AROUND THE WORLD, AND OTHER INTERESTED INDIVIDUALS. 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, ARCHIVES AND 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 THE PHYSICAL SCIENCES AND ADVANCING 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 UNDERGRADUATES AND THEIR MENTORS, WITH MORE THAN 4,200 MEMBERS AND 818 SPS CHAPTERS NATIONWIDE AND 33 INTERNATIONAL CHAPTERS. SPS EXISTS TO SUPPORT DEPARTMENTS AND THE UNDERGRADUATE PHYSICS COMMUNITY.

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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 PHYSICS STUDENTS, DEPARTMENTS, AND 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 THE PHYSICAL SCIENCES HAVE 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 & ARCHIVES COLLECTS THE HISTORY OF AIP AND OTHER SCIENTIFIC INSTITUTIONS, AS WELL AS ORAL HISTORY INTERVIEWS, PHOTOGRAPHS AND OTHER MEDIA, AND BOOKS, JOURNALS, AND OTHER PUBLISHED MATERIALS PERTAINING TO THE HISTORY OF PHYSICS. IN RECENT YEARS, AIP HAS BROADENED THE SCOPE OF THE COLLECTIONS TO INCLUDE OLDER MATERIALS AND RARE BOOKS, DATING BACK TO

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THE 16TH AND 17TH CENTURIES, IN TOPICS THAT FORM THE FOUNDATIONS OF MODERN SCIENCE.

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 ORGANIZATIONS, INCLUDING THOSE THAT HAVE REDUCED OR ELIMINATED SCIENCE REPORTERS FROM THEIR STAFF. INSIDE SCIENCE PRODUCES NEWS ARTICLES AND VIDEOS TO COVER A WIDE ARRAY OF SCIENTIFIC TOPICS.

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 STAFFS PRESS ROOMS, ORGANIZES PRESS CONFERENCES AND OTHER OUTREACH EVENTS, AND PRODUCES 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, CAREERS, AND DIVERSITY IN THE PHYSICAL SCIENCES. DATA ARE PUBLISHED IN THE AREAS OF ENROLLMENT, DEGREES, DEMOGRAPHICS, REPRESENTATION OF WOMEN AND MINORITIES, EMPLOYMENT BY ECONOMIC SECTOR, AND SALARY INFORMATION FOR PHYSICS AND ASTRONOMY BACHELOR'S, MASTER'S, AND PH.D. HOLDERS. THE CENTER ALSO PROVIDES SURVEY EXPERTISE AND CONTRACTS WITH MEMBER SOCIETIES AND OUTSIDE ORGANIZATIONS

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TO CARRY OUT TARGETED STUDIES.

AIP VENTURE PARTNERSHIP FUND (VPF) USES A PORTION OF AIP'S 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, MADE UP OF INDEPENDENT MEMBERS, PERFORMS A THOROUGH REVIEW PROCESS TO SELECT GRANTS TO BE AWARDED.

FORM 990, PART VI, LINE 6:

EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS:

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 ELECTED OR APPOINTED BY EACH MEMBER (A MEMBER SOCIETY DIRECTOR); NO FEWER THAN TWO (2) AND NO MORE THAN FOUR (4) INDIVIDUALS, AS THE BOARD OF DIRECTORS SHALL DETERMINE, ELECTED BY THE BOARD OF DIRECTORS (THE AT-LARGE DIRECTORS); AND 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 SOCIETIES ARE NOT OFTEN CALLED UPON TO TAKE ACTION IN THEIR

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ROLE AS THE VOTING MEMBERS OF AIP. RESPONSIBILITIES OF THE MEMBER SOCIETY

REPRESENTATIVES 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:

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), ITS WHOLLY OWNED SUBSIDIARY AIP PUBLISHING LLC (AIPP), AND ITS WHOLLY OWNED SUBSIDIARY THE AIP FOUNDATION. 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

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

AT AIPP, ANNUALLY, ALL MEMBERS OF THE BOARD OF MANAGERS AND ALL OFFICERS OF THE COMPANY CONFIRM THAT THEY HAVE READ, 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 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:

CEO: BOTH AIP'S BOARD OF DIRECTORS AND AIPP'S BOARD OF MANAGERS HAVE 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 AGREEMENT, AND DETERMINES REASONABLE COMPENSATION LEVEL.

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

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.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

FASB ADOPTION POST-RETIREMENT MEDICAL PLAN: \$(936,980)

ROUNDING OFF: \$1,748

OTHER CHANGES: \$10,000

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



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STATEMENTS OF AIP.

ATTACHMENT 1990, 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 14274 W. 88TH DRIVE, UNIT A ARVADA, CO 80005	EDITORIAL OPERATIONS	1,872,416.
BRYAN CAVE LEIGHTON PAISNER 1155 F. STREET WASHINGTON, DC 20004	LEGAL FEES	330,954.
APC POSTAL LOGISTICS 140 EAST UNION AVENUE EAST RUTHERFORD, NJ 07073	MAILING AND SHIPPING	269,834.
BDO USA, LLP P.O. BOX 642743 PITTSBURGH, PA 15264	ACCOUNTING SERVICES	234,570.
RHODE ISLAND CONVENTION CENTER ONE SABIN STREET PROVIDENCE, RI 02903	CONVENTION SERVICES	216,738.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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	62,344,000.	67,858,000.	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) AIP FOUNDATION 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740 83-4485064	FUNDRAISING	DE	501(C)(3)	12A	AIP	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

**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	-26,905.	59,384.		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. 27-0602778 1305 WALT WHITMAN RD, STE 300 MELVILLE, NY 11747	INTL. OFFICE	DE	AIPP	C CORP	24,890.	122,042.	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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> 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	412,270.	COST
(2) AIP FOUNDATION	O	82,000.	COST
(3) AIP FOUNDATION	B	220,368.	COST
(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.

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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 2019, 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))**

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

**D Employer identification number**  
(Employees' trust, see instructions.)

**B Exempt under section**

- 501(C)(3)
- 408(e)  220(e)
- 408A  530(a)
- 529(a)

**Print or Type**

AMERICAN INSTITUTE OF PHYSICS, INC.

13-1667053

Number, street, and room or suite no. If a P.O. box, see instructions.

ONE PHYSICS ELLIPSE

**E Unrelated business activity code**  
(See instructions.)

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

COLLEGE PARK, MD 20740-3843

525990

**C Book value of all assets at end of year**

252,135,023.

**F Group exemption number** (See instructions.) ▶

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**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. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance</b> ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>	-23,379.	-23,379.
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>	19,196. ATCH 1	19,196.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	-4,183.	-4,183.

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	3,051.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>	
<b>22</b> Depletion		<b>22</b>	
<b>23</b> Contributions to deferred compensation plans		<b>23</b>	
<b>24</b> Employee benefit programs		<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>	
<b>27</b> Other deductions (attach schedule)		<b>27</b>	
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>	3,051.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	-7,234.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	-7,234.

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payment details.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 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.

Signature and preparer information section including officer signature (Catherine G. Swartz), preparer signature (MARC BERGER), date, and firm information (BDO USA, LLP).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No



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

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

**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**

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

**(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)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> 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 25.

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)						
<b>Totals from Part I.</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	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 26.

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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 the 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

<b>Part I Unrelated Trade or Business Income</b>			(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales				
<b>b</b>	Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b>	Rent income (Schedule C)		<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b>	Advertising income (Schedule J) . . . . . <u>ATCH 3</u>		<b>11</b> 2,914,230.	2,836,940.	77,290.
<b>12</b>	Other income (See instructions; attach schedule)		<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b> 2,914,230.	2,836,940.	77,290.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b>	Salaries and wages		<b>15</b>		
<b>16</b>	Repairs and maintenance		<b>16</b>		
<b>17</b>	Bad debts		<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b>	Taxes and licenses		<b>19</b>		
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b>	Depletion		<b>22</b>		
<b>23</b>	Contributions to deferred compensation plans		<b>23</b>		
<b>24</b>	Employee benefit programs		<b>24</b>		
<b>25</b>	Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b>	Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b>	Other deductions (attach schedule)		<b>27</b>		
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27		<b>28</b>		
<b>29</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		77,290.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		77,290.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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 the 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

<b>Part I Unrelated Trade or Business Income</b>			(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales				
<b>b</b>	Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b>	Rent income (Schedule C)		<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b>	Advertising income (Schedule J)		<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule) <b>ATCH. 4</b>		<b>12</b>	29,400.	29,400.
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	29,400.	29,400.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b>	Salaries and wages		<b>15</b>		
<b>16</b>	Repairs and maintenance		<b>16</b>		
<b>17</b>	Bad debts		<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b>	Taxes and licenses		<b>19</b>		
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b>	Depletion		<b>22</b>		
<b>23</b>	Contributions to deferred compensation plans		<b>23</b>		
<b>24</b>	Employee benefit programs		<b>24</b>		
<b>25</b>	Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b>	Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b>	Other deductions (attach schedule) <b>ATCH. 5</b>		<b>27</b>		22,253.
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27		<b>28</b>		22,253.
<b>29</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		7,147.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		7,147.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

OAKTREE REAL ESTATE OPPORTUNITIES FUND V, L.P.	20,705.
OAKTREE OPPORTUNITIES FUND XB, L.P.	-727.
OAKTREE OPPORTUNITIES FUND XB AIF (DELAWARE), L.P.	-23.
OAKTREE OPPORTUNITIES FUND XB AIF (CAYMAN), L.P.	-759.
INCOME (LOSS) FROM PARTNERSHIPS	<u>19,196.</u>

FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
12/31/1999			
12/31/2000			
12/31/2001			
12/31/2002			
12/31/2003			
12/31/2004			
12/31/2005			
12/31/2006			
12/31/2007			
12/31/2008			
12/31/2009	203,116.	4,381.	4,381.
12/31/2010	221,379.	221,379.	72,327.
12/31/2011	159,059.	159,059.	
12/31/2012	34,506.	34,506.	
12/31/2013	38,592.	38,592.	
12/31/2014			
12/31/2015			
12/31/2016			
12/31/2017			
TOTAL:	<u>656,652.</u>	<u>457,917.</u>	<u>76,708.</u>
NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS .....			457,917.
TAXABLE INCOME (LINE 35 ON PAGE 2, 990T) ....			<u>76,708.</u>
NET OPERATING LOSS DEDUCTION .....			<u>76,708.</u>

ATTACHMENT 3

SCHEDULE M - 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>
ONLINE ADVERTISING	530,708.	376,137.				
AIPP JOURNALS	39,739.	75,392.		13,275,615.	8,375,053.	
PHYSICS TODAY	1,494,082.	1,681,264.		2,147,947.	5,063,603.	
CAREER NETWORK	849,701.	704,147.				
	<u>2,914,230.</u>	<u>2,836,940.</u>	<u>77,290.</u>	<u>13,438,656.</u>	<u>13,438,656.</u>	
	<u>2,914,230.</u>	<u>2,836,940.</u>				



SCHEDULE M - OTHER INCOME

ACCOUNTING SERVICES INCOME

29,400.

TOTAL

29,400.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING SERVICES EXPENSES

22,253.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

22,253.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2019**

Name <b>AMERICAN INSTITUTE OF PHYSICS, INC.</b>	Employer identification number <b>13-1667053</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small>	(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)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .		18,717.		-18,717.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	-18,717.

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

See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small>	(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)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .		79.		-79.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	-79.

**Part III Summary of Parts I and II**

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

**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) 2019

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://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 <b>AMERICAN INSTITUTE OF PHYSICS, INC.</b>	Social security number or taxpayer identification number <b>13-1667053</b>
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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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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 XB, LP	VAR	VAR		16,544.			-16,544.
	OAKTREE OPP. FUND XB AIF (DELAWAR	VAR	VAR		2,173.			-2,173.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				18,717.			-18,717.

**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.

**For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8949** (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

AMERICAN INSTITUTE OF PHYSICS, INC.

13-1667053

Before you check Box D, E, or F 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 II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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 XB, LP	VAR	VAR		79.			-79.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►					79.			-79.

**Note:** If you checked Box D 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.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
 Sequence No. **27**

Name(s) shown on return AMERICAN INSTITUTE OF PHYSICS, INC.	Identifying number 13-1667053
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1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	1
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**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)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(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) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1						-23,379.

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

-23,379.

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, 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	( 23,379.)
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	-23,379.

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 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .

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 or Form 1040-SR), Part I, line 4 . . . . .

	18a	
	18b	

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2019)

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

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Rows A, B, C, D.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows 20-29b detailing sales price, cost, depreciation, and gain calculations for various property sections.

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

Summary table with 3 columns: Description, 30, 31, 32. Rows 30-32 for total gains and adjustments.

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

Table with 3 columns: (a) Section 179, (b) Section 280F(b)(2). Rows 33-35 for recapture amounts.

