

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493129008321

Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

| Internal Revenu   | le del vice   | ave to use a copy of this return to satisfy s  |                   | requirements                     | Inspection                   |
|---|---|--|-------------------|----------------------------------|------------------------------|
|   | 2010 calendar year, or tax year beg   | inning 01-01-2010 and ending 12-31-201   | .0                | D Employer                       | identification number        |
| Check if a  Address of                                    | AMERICAN PHYSICAL SOCIETY   |  |                   | 13-1656                          | 610                          |
| Name ch   | Doing Business As   |  |                   |                                  |                              |
| Initial ret   |   |  | I D /             | E Telephone                      |                              |
| <br>Terminat  | One Dhysics Ellinse   | x if mail is not delivered to street address)  | Room/suite        | (301) 20                         | 9-3210                       |
| <br>Amended   | return City or town, state or country, a  | and ZIP + 4  |                   | <b>G</b> Gross receip            | pts \$ 73,566,357            |
| —<br>Applicatio   | College Park, MD 207403844  |  |                   |                                  |                              |
|   | <b>F</b> Name and address of  | principal officer  | H(a) Is this a    | group roturn for affil           | liates? Yes No               |
|   | Joseph W Serene   |  | in(a) istilisa    | group recurrior ann              | ilates ( les ) NO            |
|   | A merican Physical Socie One Physics Ellipse  | ety  |                   | affiliates included              |                              |
|   | College Park, MD 2074   | 03844  | _                 | ," attach a lıs<br>o exemptıon n | t (see instructions)         |
| <b>I</b> Tax-exe  | mpt status $\sqrt{}$ 501(c)(3) $\sqrt{}$ 501(c) ( )   | ◀ (insert no ) 4947(a)(1) or 527   | H(c) Group        | o exemption n                    | diliber <b>F</b>             |
| J Websit  | e: ► aps org  |  |                   |                                  |                              |
| <b>K</b> Form of o  | rganization 🔽 Corporation 🗀 Trust 🗀 Assoc   | ciation Other -  | L Year of for     | mation 1914                      | M State of legal domicile Do |
| Part I  |   |  |                   |                                  |                              |
| -   | engages in educational, public affairs  | nembership association which publishes pl<br>and outreach programs<br>n discontinued its operations or disposed    |                   |                                  |                              |
| ×5 3  | Number of voting members of the gov   | verning body (Part VI, line 1a)  |                   | 3                                | 39                           |
| Activities & 4 5 6  | Number of independent voting member   | ers of the governing body (Part VI, line 1b  | )                 | 4                                | 36                           |
| 5   | Total number of individuals employed  | d ın calendar year 2010 (Part V, line 2a)  |                   | 5                                | 233                          |
| -   | Total number of volunteers (estimate  | • •  |                   | 6                                | 800                          |
|   |   | m Part VIII, column (C), line 12   |                   | 7a                               |                              |
| ь   | Net unrelated business taxable incor  | ne from Form 990-1, line 34  | Dries             | Year 7b                          | Current Year                 |
| 8   | Contributions and grants (Part VII  | I, line 1h)  | 71101             | 5,178,361                        | 5,093,749                    |
|   |   | I, line 2g)  |                   | 36,791,296                       | 37,454,262                   |
| Hayenue   | Investment income (Part VIII, col   | umn (A), lines 3, 4, and 7d)   |                   | 1,863,984                        | 1,207,125                    |
| 11  |   | (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                   | 0                                | 0                            |
| 12  | -   | n 11 (must equal Part VIII, column (A), lın<br>  |                   | 43,833,641                       | 43,755,136                   |
| 13  |   | Part IX, column (A), lines 1-3)  |                   | 0                                | 1,814,998                    |
| 14  | Benefits paid to or for members (Pa   | art IX, column (A), line 4)  |                   | 0                                | 0                            |
| တ္ 15   | Salaries, other compensation, emp   | loyee benefits (Part IX, column (A), lines   |                   | 22,058,842                       | 23,475,996                   |
| ∯<br><b>16a</b>   | •   | IX, column (A), line 11e)  |                   | 0                                | 23,173,33                    |
| \$\$ 16a<br>16a<br>b                                      |   |  |                   |                                  |                              |
| ш <sub>  17</sub>   |   | A), lines 11a-11d, 11f-24f)  |                   | 23,006,667                       | 20,179,020                   |
| 18  | Total expenses Add lines 13-17  | (must equal Part IX, column (A), line 25)  |                   | 45,065,509                       | 45,470,014                   |
| 19  | Revenue less expenses Subtract I  | ine 18 from line 12  |                   | -1,231,868                       | -1,714,878                   |
| Fund Baseces<br>20 72 72 72 72 72 72 72 72 72 72 72 72 72 |   |  |                   | of Current                       | End of Year                  |
| 6   | Total assets (Part X, line 16) .  |  |                   | 27,071,904                       | 135,377,356                  |
| 공원<br>공원 21   | Total liabilities (Part X, line 26) .   |  |                   | 33,925,297                       | 34,628,731                   |
| 翠草 22   | Net assets or fund balances Subtr   | act line 21 from line 20   |                   | 93,146,607                       | 100,748,625                  |
|   | alties of perjury, I declare that I have examined and belief, it is true, correct, and complete.  Signature of officer  Michael Stephens Director of Finance ar | amined this return, including accompanying s<br>lete. Declaration of preparer (other than office<br>and Controller | er) is based on a | III information                  |                              |
|   | Type or print name and title  |  |                   |                                  |                              |
|   | Print/Type<br>preparer's name   | Preparer's signature   | Jaic I            | Check if self-<br>employed •     | PTIN                         |
| Paid<br>Dramarar  | Firm's name   |  |                   | ·                                | Firm's EIN                   |
| Preparer  | Firm's address  |  |                   |                                  |                              |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

1,545,867 ) (Revenue \$

124,280)

Form 990 (2010)

Other program services (Describe in Schedule O ) See also Additional Data for Description

43,226,139

6,985,850 including grants of \$

4d

(Expenses \$

Total program service expenses►\$

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
|         |              |          |           |

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏  | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | Νo |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         | 5   |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II                                       | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V  | 10  | Yes |    |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b |     | Νο |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | Νο |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part IX.  | 11d |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e |     | No |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.     | 11f | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12a | Yes |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| Ь   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                     | 14b | Yes |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV  | 15  | Yes |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .  | 16  | Yes |    |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                      | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a |     | No |
| Ь   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                  | 20b |     |    |

| Par | Checklist of Required Schedules (continued)   |     |     |    |
|-----|---|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J            | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 | 24a |     | No |
| Ь   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III        | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |     |    |
|     | <i>IV</i>   | 28a |     | Νo |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | Νo |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | Νο |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I   | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  |     | No |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35  |     | Νo |
| а   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No  |     |     |    |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | 38  | Yes |    |

| Form 990 ( | 2010)   |
|------------|---|
| Part V     | Statements Regarding Other IRS Filings and Tax Compliance |

| a i | Check if Schedule O contains a response to any question in this Part V   |          |     |      |
|-----|--|----------|-----|------|
|     |  |          | Yes | No   |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |          |     |      |
|     | 1a 240   | .        |     |      |
| )   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0  |          |     |      |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  | 1        |     |      |
|     | gaming (gambling) winnings to prize winners?   | 1c       | Yes |      |
|     | 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   |          |     |      |
| )   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Yes |      |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 20       | 163 |      |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the  |          |     |      |
|     | year?  | 3a       |     | Νo   |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b       |     |      |
|     | 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)?  | 4a       |     | Νo   |
|     | If "Yes," enter the name of the foreign country 🕨  |          |     |      |
|     | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |          |     |      |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | Νο   |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |          |     | N o  |
|     |  | 5b       |     | -140 |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     |      |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | 6a       |     | Νo   |
|     | organization solicit any contributions that were not tax deductible?   |          |     |      |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b       |     |      |
|     | Organizations that may receive deductible contributions under section 170(c).  |          |     |      |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  | 7a       |     | Νo   |
|     | services provided to the payor?  | <u> </u> |     |      |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |      |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c       |     | Νo   |
| I   | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |          |     |      |
|     | Pod the constraint of the first of the constraint of the constrain |          |     |      |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |     | Νo   |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     | Νo   |
|     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |          | Yes |      |
|     | required?  | 7g       | 162 |      |
|     | Form 1098-C?   | 7h       | Yes |      |
|     | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did   |          |     |      |
|     | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   | 8        |     |      |
|     | Sponsoring organizations maintaining donor advised funds.  |          |     |      |
|     | Did the organization make any taxable distributions under section 4966?  | 9a       |     |      |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |      |
|     | Section 501(c)(7) organizations. Enter   |          |     |      |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |      |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club   | ]        |     |      |
|     | facilities   |          |     |      |
|     | Section 501(c)(12) organizations. Enter  Gross income from members or shareholders   |          |     |      |
|     | Gross income from other sources (Do not net amounts due or paid to other sources   | 1        |     |      |
|     | against amounts due or received from them )  | ]        |     |      |
| 1   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     |      |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the   |          |     |      |
|     | year 12b   | .        |     |      |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |      |
|     | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a      |     |      |
|     |  |          |     |      |
| ,   | 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  | ]        |     |      |
| :   | Enter the amount of reserves on hand   |          |     |      |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | Νo   |
|     | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O  | 1/4      |     | 140  |

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

| Check if Schedule O | contains a response to an | y question in this Part VI |  | _ | _ | _ | . 🔽 |
|---------------------|---------------------------|----------------------------|--|---|---|---|-----|
| Check ii Schedule O | Contains a response to an | y question in tins rait vi |  |   |   |   |     |

| Se  | ction A. Governing Body and Management   |            |     |      |
|-----|--|------------|-----|------|
|     |  |            | Yes | No   |
|     |  |            |     |      |
|     |  |            |     |      |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |            |     |      |
| b   | Enter the number of voting members included in line 1a, above, who are independent   |            |     |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any   |            |     | NI - |
| 3   | other officer, director, trustee, or key employee?   | 2          |     | No   |
| 4   | supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was            | 3          |     | No   |
|     | filed?   | <b>4 5</b> |     | N o  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   |            |     | No   |
| 6   | Does the organization have members or stockholders?  | 6          | Yes |      |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a         | Yes |      |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$  | 7b         | Yes |      |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |            |     |      |
| а   | The governing body?  | 8a         | Yes |      |
| ь   | Each committee with authority to act on behalf of the governing body?  | 8b         | Yes |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |            |     |      |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |     | Νo   |
|     | <b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)   |            |     |      |
|     |  |            | Yes | No   |
| 10a | Does the organization have local chapters, branches, or affiliates?  | 10a        | Yes |      |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?             | 10b        | Yes |      |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | Yes |      |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |            |     |      |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | Yes |      |
|     | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise  |            |     |      |
| _   | to conflicts?  | 12b        | Yes |      |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c        | Yes |      |
| 13  | Does the organization have a written whistleblower policy?   | 13         | Yes |      |
| 14  | Does the organization have a written document retention and destruction policy?  | 14         | Yes |      |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?           |            |     |      |
| а   | The organization's CEO, Executive Director, or top management official   | 15a        | Yes |      |
|     | Other officers or key employees of the organization  | 15b        | Yes |      |
| U   | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )  | 130        | 162 |      |
|     | The second is the second the process in schedule of (See instructions)   |            |     |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a        |     | Νο   |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the |            |     |      |
|     | organization's exempt status with respect to such arrangements?  | 16b        |     |      |
| Se  | ction C. Disclosure  | 1          |     |      |
| 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)  |            |     |      |
|     | (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. A nother's website. Upon request.  |            |     |      |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of   |            |     |      |

- interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 American Physical Society

One Physics Ellipse

College Park, MD 207403844

(301) 209-3210

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

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

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

| Check this box if neither the organ                           | uzation nor any re  | elated o                          | rganı                 | zatio   | on co        | mpen                         | sate   | d any current office                         | r, dırector, or trust                                 | ee   |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title                                  | (B)<br>Average<br>hours   |                                   | tion (<br>that a      | (che    |              | II<br>                       |        | (D)<br>Reportable<br>compensation            | (E)<br>Reportable<br>compensation                     | <b>(F)</b> Estimated amount of other                                     |
|   | per week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| (1) Curtis G Callan Jr<br>Past President                      | 0   | Х                                 |                       | Х       |              |                              |        | 0  | 0   | 0  |
| (2) Barry C Barish<br>President                               | 0   | х                                 |                       | Х       |              |                              |        | 0  | 0   | 0  |
| (3) Robert Byer<br>President-Elect                            | 0   | х                                 |                       | х       |              |                              |        | 0  | 0   | 0  |
| (4) Michael S Turner<br>Vice President                        | 0   | х                                 |                       | Х       |              |                              |        | 0  | 0   | 0  |
| (5) Joseph W Serene<br>Treasurer                              | 37 5  | х                                 |                       | х       | Х            |                              |        | 250,739                                      | 0   | 0  |
| (6) Kate P Kırby<br>Executive Officer                         | 37 5  | х                                 |                       | Х       | Х            | Х                            |        | 298,243                                      | 0   | 0  |
| (7) Gene D Sprouse<br>Editor-in-Chief                         | 37 5  | х                                 |                       | х       | Х            |                              |        | 263,075                                      | 0   | 0  |
| (8) Alan Chodos<br>Assoc Exec Officer                         | 37 5  | х                                 |                       |         | Х            |                              |        | 200,339                                      | 0   | 0  |
| (9) Amy Flatten<br>Director of International Affairs          | 37 5  | х                                 |                       |         | Х            |                              |        | 166,985                                      | 0   | 0  |
| (10) Theodore Hodapp<br>Director of Education and Diversity   | 37 5  | х                                 |                       |         | Х            |                              |        | 166,362                                      | 0   | 0  |
| (11) Mark Doyle<br>Assistant Director of JIS                  | 37 5  | х                                 |                       |         | х            |                              |        | 157,862                                      | 0   | 0  |
| (12) Robert Kelly<br>Director of Journal Information Systems  | 37 5  | х                                 |                       |         | Х            |                              |        | 155,299                                      | 0   | 0  |
| (13) Michael D Stephens<br>Director of Finance and Controller | 37 5  | х                                 |                       |         | х            |                              |        | 152,569                                      | 0   | 0  |
|   |   |                                   |                       |         |              |                              |        |  |   |  |
|   |   |                                   |                       |         |              |                              |        |  |   |  |
|   |   |                                   |                       |         |              |                              |        |  |   |  |
|   |   |                                   |                       |         |              |                              |        |  |   |  |

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

|    | (A)<br>Name and Title  | (B)<br>Average<br>hours<br>per                                | 1                                 | (tion<br>that a       |         |              | II         |          | ( <b>D)</b> Reportable compensation from the | (E)<br>Reportable<br>compensation<br>from related | า ส | (F)<br>Estima<br>amount o<br>compens   | ated<br>fother      |
|----|--|---|-----------------------------------|-----------------------|---------|--------------|------------|----------|--|---|-----|--|---------------------|
|    |  | week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | employee   | Former   | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)             |     | from torganizati<br>relati<br>organiza | :he<br>on and<br>ed |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     |  |                     |
| 1b | Sub-Total  |   |                                   |                       |         |              |            | <b>•</b> |  |   |     |  |                     |
| С  | Total from continuation sheets   | to Part VII, Sec  | tion A                            |                       |         |              | <b>F</b>   |          |  |   |     |  |                     |
| d  | Total (add lines 1b and 1c) .  | <u> </u>  |                                   |                       |         |              |            | <b>F</b> | 1,811,473                                    |   | 0   |  | 0                   |
| 2  | Total number of individuals (incl<br>\$100,000 in reportable compen                |   |                                   |                       |         |              | above      | ) who    | received more tha                            | n   |     |  |                     |
|    |  |   |                                   |                       |         |              |            |          |  |   |     | Yes                                    | No                  |
| 3  | Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch |   |                                   |                       |         | eye<br>•     | mploy<br>• | ee, c    | or highest compens                           | ated employee                                     | 3   |  | No                  |
| 4  | For any individual listed on line organization and related organiz individual      |   |                                   |                       |         |              |            |          |  |   | 4   | Yes                                    |                     |
| 5  | Did any person listed on line 1a<br>services rendered to the organiz               |   |                                   |                       |         |              |            |          | _  | r individual for<br>•                             | 5   |  | No                  |
| Se | ction B. Independent Con   | tractors  |                                   |                       |         |              |            |          |  |   |     |  |                     |
| 1  | Complete this table for your five \$100,000 of compensation from                   | hıghest compei  |                                   | ındep                 | ende    | ent c        | ontra      | ctors    | that received more                           | than  |     |  |                     |

| (A) Name and business address  | (B) Description of services | (C)<br>Compensation |
|--|-----------------------------|---------------------|
| American Institute of Physics One Physics Ellipse College Park, MD 20740                   | Publishing Services         | 4,449,988           |
| Premedia Global Inc<br>1797 Seddon Court<br>Ashland, OH 44805                              | Publishing Services         | 1,376,574           |
| Cadmus Journal Services PO Box 751898 Charlotte, NC 28275                                  | Publishing Services         | 1,177,482           |
| Edwards Brothers<br>2500 South State Street<br>PO Box 1007<br>Ann Arbor, MI 48106          | Publishing Services         | 969,407             |
| APTARA Box 13963 13963 Collections Cntr Drive Chicago, IL 60693                            | Publishing Services         | 607,255             |
| 2 Total number of independent contractors (including but not limited to those listed above | ) who received more than    |                     |

| Form 9   |              |  |                                       |                  |                      |   | Pa                                      | ge <b>9</b>            |
|--|--------------|--|---------------------------------------|------------------|----------------------|---|---|------------------------|
| Part V   | <u>V1111</u> | Statement of Reven   | 16                                    |                  | (A)<br>Total revenue | (B)<br>Related<br>or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue |                        |
|  |              |  |                                       |                  |                      |   |   | 512,<br>513, or<br>514 |
| mts<br>mts   | 1a           | Federated campaigns  | <b>1</b> a                            | 0                |                      |   |   |                        |
| Contributions, gifts, grants and other similar amounts |              | Membership dues  |                                       | 3,448,168        |                      |   |   |                        |
| ffs,<br>ran  |              | Fundraising events   |                                       | 0                |                      |   |   |                        |
| e,e<br>E   |              | Related organizations  |                                       | 0                |                      |   |   |                        |
| Î<br>S<br>S  |              | Government grants (contributions)  | <b>1e</b>                             | 1,111,230        |                      |   |   |                        |
| e e  | f            | All other contributions, gifts, grants similar amounts not included above            | , and <b>1f</b><br>e                  | 534,351          |                      |   |   |                        |
| 혈  | g            | Noncash contributions included in li   | nes 1a-1f \$                          | 0                |                      |   |   |                        |
| ಶಹ   | h            | Total. Add lines 1a-1f   | · · · · · · · · · · · · · · · · · · · |                  | 5,093,749            |   |   |                        |
| Ele  | 3-           |  |                                       | Business Code    |                      |   |   |                        |
| Program Service Revenue                                | 2a           | Research Publications  |                                       | 511120           |                      | 32,834,518  |   | 160,626                |
| %<br>₩   | Ь            |  |                                       | 541900           |                      | 3,912,676   |   |                        |
| er vic   | d            | Public Affairs and Programs  Membership Operations                                   |                                       | 541900<br>541900 | 124,280<br>70,007    |   |   | ,                      |
| کن<br>ج  | e            |  |                                       |                  | ,                    | ,   |   |                        |
| ू<br>ब   | f            | All other program service rev  | venue                                 |                  | 0                    | 0   | 0                                       | (                      |
| ፳  | g            | Total. Add lines 2a-2f   |                                       |                  | 37,454,262           |   |   |                        |
|  | 3            | Investment income (includin  | g dıvıdends, ınterest                 |                  |                      |   |   |                        |
|  |              | and other similar amounts)   |                                       |                  | 2,191,659            | 0   | 0                                       | 2,191,659              |
|  | 4<br>5       | Income from investment of tax-ex  Royalties  |                                       |                  | 0                    | 0   |   | `                      |
|  |              | Royalties  | (ı) Real                              | (II) Personal    |                      |   |   |                        |
|  | 6a           | Gross Rents  | 0                                     | 0                |                      |   |   |                        |
|  | ь            | Less rental expenses   | 0                                     | 0                |                      |   |   |                        |
|  | С            | Rental income<br>or (loss)   | 0                                     | 0                |                      |   |   |                        |
|  | d            | Net rental income or (loss)  |                                       |                  | 0                    | 0   | 0                                       |                        |
|  | 7-           | Gross amount   | (i) Securities<br>28,826,687          | (II) O ther      |                      |   |   |                        |
|  | /a           | from sales of assets other   | 20,020,007                            | Ĭ                |                      |   |   |                        |
|  | ١.           | than inventory Less cost or  | 29,811,221                            |                  |                      |   |   |                        |
|  |              | other basis and<br>sales expenses  | 25,011,221                            | Ĭ                |                      |   |   |                        |
|  | С            | Gain or (loss)   | -984,534                              | 0                |                      |   |   |                        |
|  |              | Net gain or (loss)   |                                       |                  | -984,534             | 0   | 0                                       | -984,53                |
| Other Revenue  | 8a           | Gross income from fundraisii<br>(not including<br>\$<br>of contributions reported on | line 1c)                              |                  |                      |   |   |                        |
| <u>光</u>   |              | See Part IV, line 18   | a                                     | 0                |                      |   |   |                        |
| Ě  | ь            | Less direct expenses   | . b                                   | 0                |                      |   |   |                        |
| •  | С            | Net income or (loss) from fur  | ndraising events 🟲                    |                  | 0                    |   | 0                                       |                        |
|  |              |  | ctivities See Part IV, line 19 . a    | _                |                      |   |   |                        |
|  |              | Less direct expenses<br>Net income or (loss) from ga                                 |                                       | <b>b</b> 0       | 0                    | 0   | o                                       |                        |
|  |              | Gross sales of inventory, les  |                                       |                  |                      |   |   |                        |
|  |              | returns and allowances .   | a                                     |                  |                      |   |   |                        |
|  | Ь            | Less cost of goods sold .  |                                       | 0                |                      |   |   |                        |
|  |              | Net income or (loss) from sa   |                                       |                  | 0                    | 0   | 0                                       |                        |
|  |              | Miscellaneous Revenue  |                                       | Business Code    |                      |   |   |                        |
|  | 11a          | a  |                                       |                  |                      |   |   |                        |
|  | t            |  |                                       |                  |                      |   |   |                        |
|  |              |  |                                       |                  |                      |   |   |                        |
|  |              | d All other revenue<br>• Total. Add lines 11a-11d .                                  |                                       |                  |                      |   |   |                        |
|  | •            | Otal. Aud illes IIa-IIQ .  |                                       |                  | 0                    |   |   |                        |
|  | 12           | Total revenue. See Instructi   | ons                                   |                  | 43,755,136           |   | 0                                       | 1,756,31               |
|  |              |  |                                       |                  | 15,755,150           | 36,905,077  |   |                        |

|     | 990 (2010)   |                               |  |  | Page <b>10</b>          |
|-----|--|-------------------------------|--|--|-------------------------|
| Par |  |                               |  |  |                         |
|     | Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $c$  |                               |  | (D)  |                         |
|     | ot include amounts reported on lines 6b,   |                               | (B)  | (D).   | (D)                     |
|     | b, 9b, and 10b of Part VIII.   | ( <b>A)</b><br>Total expenses | Program service expenses   | Management and general expenses                  | Fundraising<br>expenses |
| 1   | Grants and other assistance to governments and organizations   |                               | СПРОПОСО   | general expenses                                 |                         |
|     | in the U.S. See Part IV, line 21   | 352,669                       | 352,669  |  |                         |
| 2   | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | 1,257,228                     | 1,257,228  |  |                         |
| 3   | Grants and other assistance to governments,  |                               |  | 1  |                         |
|     | organizations, and individuals outside the U S See Part IV, lines 15 and 16 $$   | 205,101                       | 205,101  |  |                         |
| 4   | Benefits paid to or for members  | 0                             | 0  |  |                         |
| 5   | Compensation of current officers, directors, trustees, and key employees   | 812,057                       | 637,137  | 167,351  | 7,569                   |
| 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                             | 0  | 0  | 0                       |
| 7   | Other salaries and wages   | 15,880,995                    | 15,544,272   | 92,866   | 243,857                 |
| 8   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 1,629,333                     | 1,579,394  | 25,399   | 24,540                  |
| 9   | Other employee benefits  | 3,929,549                     |  | 671,171  | 72,257                  |
| 10  | Payroll taxes  | 1,224,062                     | 1,167,993  | <del>'  </del>                                   | 16,514                  |
| а   | Fees for services (non-employees) Management   | 0                             | , ,  | ,  | 0                       |
| ь   | Legal  | 110,495                       | 9,807  | 95,560   | 5,128                   |
| c   | Accounting   | 92,484                        | 0  | <del>                                     </del> | 0                       |
| d   | Lobbying   | 0                             | 0  | <del>                                     </del> | 0                       |
| e   | Professional fundraising services See Part IV, line 17   | 0                             | , and the second | ,  | 0                       |
| f   | Investment management fees   | 0                             | 0  | 0  | 0                       |
| g   | Other  | 9,229,544                     | 9,200,782  | 1  | 4,099                   |
| 12  | Advertising and promotion  | 4,020                         | 3,992  | 12   | 16                      |
| 13  | Office expenses  | 2,773,319                     | -  | <del>                                     </del> | 39,008                  |
| 14  | Information technology   | 2,773,319                     |  | <del>                                     </del> | 0                       |
| 15  | Royalties  | 0                             |  | <del>                                     </del> | 0                       |
| 16  | Occupancy  | 2,066,724                     | _  | -  | 23,430                  |
| 17  | Travel   | 1,657,627                     | 1,389,373  | †  | 17,315                  |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                             |  |  | 0                       |
| 19  | Conferences, conventions, and meetings   | 2,445,949                     | 2,373,555  | 37,755   | 34,639                  |
| 20  | Interest   | 0                             |  | †  | 0                       |
| 21  | Payments to affiliates   | 0                             | 0  | 0  | 0                       |
| 22  | Depreciation, depletion, and amortization  | 417,221                       | 414,223  | 1,268  | 1,730                   |
| 23  | Insurance  | 94,809                        | 0  | <del>'  </del>                                   | 0                       |
| 24  | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) |                               |  | 2.17333  |                         |
| а   | Dues & Subscriptions   | 385,308                       | 367,042  | 12,144   | 6,122                   |
| ь   | Miscellaneous  | 901,520                       | 785,827  | 113,236  | 2,457                   |
| c   |  |                               |  |  |                         |
| d   |  |                               |  |  |                         |
| е   |  |                               |  |  |                         |
| f   | All other expenses   |                               |  |  |                         |
| 25  | Total functional expenses. Add lines 1 through 24f   | 45,470,014                    | 43,226,139   | 1,745,194  | 498,681                 |
| 26  | Joint costs. Check here ► ✓ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a  | ^                             |  |  | •                       |
|     | combined educational campaign and fundraising solicitation   | 0                             | <u> </u>   | 0  | 0                       |

| Pa            | rt X | Balance Sheet  |            |                |                          |     |                           |
|---------------|------|--|------------|----------------|--------------------------|-----|---------------------------|
|               |      |  |            |                | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|               | 1    | Cash—non-interest-bearing  |            |                | 10,024                   | 1   | 75,868                    |
|               | 2    | Savings and temporary cash investments   | 18,464,798 | 2              | 15,349,837               |     |                           |
|               | 3    | Pledges and grants receivable, net   | 684,604    | 3              | 413,450                  |     |                           |
|               | 4    | Accounts receivable, net   | 5,539,253  | 4              | 4,450,273                |     |                           |
|               | 5    | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of   | s, key     | employees, and |                          |     |                           |
|               |      | Schedule L   |            |                |                          | 5   |                           |
|               | 6    | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions) | mploy      | ers, and       |                          |     |                           |
| şţŝ           |      | Schedule L   |            |                |                          | 6   |                           |
| Assets        | 7    | Notes and loans receivable, net  |            |                |                          | 7   |                           |
| ۲             | 8    | Inventories for sale or use  |            |                |                          | 8   |                           |
|               | 9    | Prepaid expenses and deferred charges  |            |                | 628,182                  | 9   | 981,716                   |
|               | 10a  | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>   | 10a        | 7,502,705      |                          |     |                           |
|               | ь    | Less accumulated depreciation  | 10b        | 2,657,144      | 3,456,143                | 10c | 4,845,561                 |
|               | 11   | Investments—publicly traded securities   | 93,130,851 | 11             | 103,557,366              |     |                           |
|               | 12   | Investments—other securities See Part IV , line 11   | 4,697,688  | 12             | 5,217,396                |     |                           |
|               | 13   | Investments—program-related See Part IV, line 11   |            | 13             |                          |     |                           |
|               | 14   | Intangible assets  |            | 14             | _                        |     |                           |
|               | 15   | Other assets See Part IV, line 11  | 460,361    | 15             | 485,889                  |     |                           |
|               | 16   | Total assets. Add lines 1 through 15 (must equal line 34) .  |            |                | 127,071,904              | 16  | 135,377,356               |
|               | 17   | Accounts payable and accrued expenses .  |            |                | 14,469,425               | 17  | 16,187,842                |
|               | 18   | Grants payable   | 0          | 18             |                          |     |                           |
|               | 19   | Deferred revenue   |            |                | 19,455,872               | 19  | 18,440,889                |
|               | 20   | Tax-exempt bond liabilities  |            |                | 0                        | 20  |                           |
| es.           | 21   | Escrow or custodial account liability Complete Part IV of Schedu   | le D.      |                | 0                        | 21  |                           |
| bilities      | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified   |            |                |                          |     |                           |
| Lial          |      | persons Complete Part II of Schedule L   |            |                | o                        | 22  |                           |
|               | 23   | Secured mortgages and notes payable to unrelated third parties   |            | •              | 0                        | 23  |                           |
|               | 24   | Unsecured notes and loans payable to unrelated third parties   |            |                | 0                        | 24  | _                         |
|               | 25   | Other liabilities Complete Part X of Schedule D  |            |                | 0                        | 25  | 0                         |
|               | 26   | Total liabilities. Add lines 17 through 25   |            |                | 33,925,297               | 26  | 34,628,731                |
| Fund Balances |      | Organizations that follow SFAS 117, check here ▶   and complete through 29, and lines 33 and 34.   | olet e l   | ines 27        |                          |     |                           |
| Juc           | 27   | Unrestricted net assets  |            |                | 81,792,944               | 27  | 89,553,678                |
| <u></u>       | 28   | Temporarily restricted net assets  |            |                | 9,209,778                | 28  | 9,018,821                 |
| Ē             | 29   | Permanently restricted net assets  | 2,143,885  | 29             | 2,176,126                |     |                           |
| u,            |      | Organizations that do not follow SFAS 117, check here ▶ ☐ ar   | nd con     | nplete         |                          |     | <u>`</u>                  |
| or F          |      | lines 30 through 34.   |            |                |                          |     |                           |
|               | 30   | Capital stock or trust principal, or current funds   |            |                |                          | 30  |                           |
| Assets        | 31   | Paid-in or capital surplus, or land, building or equipment fund  |            |                |                          | 31  |                           |
| AS            | 32   | Retained earnings, endowment, accumulated income, or other fo  | ınds       |                |                          | 32  |                           |
| Net           | 33   | Total net assets or fund balances  |            |                | 93,146,607               | 33  | 100,748,625               |
| 2             | 34   | Total liabilities and net assets/fund balances   |            |                | 127,071,904              | 34  | 135,377,356               |
|               |      |  |            |                | 1                        |     |                           |

| Ра  | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI  |         |    | . I~  | -       |
|-----|--|---------|----|-------|---------|
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1       |    | 43,7  | 755,136 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2       |    | 45,4  | 170,014 |
| 3   | Revenue less expenses Subtract line 2 from line 1  | 3       |    | -1,7  | 14,878  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4       |    | 93,1  | .46,607 |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)   | 5       |    | 9,3   | 316,896 |
| 6   | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  | 6       |    | 100,7 | 48,625  |
| Par | rt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  |         | ě  | ୮     |         |
| 1   | Accounting method used to prepare the Form 990   |         |    | Yes   | No      |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |         | 2a | Yes   |         |
| b   | Were the organization's financial statements audited by an independent accountant?   |         | 2b | Yes   |         |
| c   | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O |         | 2c | Yes   |         |
| d   | on a separate basis, consolidated basis, or both   | ssued   |    |       |         |
|     | Separate basis Consolidated basis Both consolidated and separated basis  |         |    |       |         |
| 3а  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?  | e       | 3a | Yes   |         |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | equired | 3b | Yes   |         |

**Employer identification number** 

### SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

AMERICAN PHYSICAL SOCIETY 13-1656610 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove docume | ion in<br>ted in<br>rning | organizati<br>col (i) of | (v)  Did you notify the organization in col (i) of your support?  (vi)  Is the organization in col (i) organized in the U S? |     | (vii)<br>A mount of<br>support |  |
|---|-------------|---|--|---------------------------|--------------------------|--|-----|--------------------------------|--|
|   |             | instructions))  | Yes  | No                        | Yes                      | No   | Yes | No                             |  |
|   |             |   |  |                           |                          |  |     |                                |  |
|   |             |   |  |                           |                          |  |     |                                |  |
|   |             |   |  |                           |                          |  |     |                                |  |
|   |             |   |  |                           |                          |  |     |                                |  |
|   |             |   |  |                           |                          |  |     |                                |  |
| Total                                       |             |   |  |                           |                          |  |     |                                |  |

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

|          | dider rate III. If the  | organización i      | ans to quanty t    | maci the tests      | iisted below, pie    | case complet      | c raic III.    |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S        | ection A. Public Support  |                     | _                  |                     |                      |                   |                |
| Cale     | endar year (or fiscal year beginning in)                          | (a) 2006            | <b>(b)</b> 2007    | (c) 2008            | ( <b>d)</b> 2009     | (e) 2010          | (f) Total      |
| 1        | Gifts, grants, contributions, and                                 |                     |                    |                     |                      |                   |                |
|          | membership fees received (Do not                                  |                     |                    |                     |                      |                   |                |
|          | ınclude any "unusual  |                     |                    |                     |                      |                   |                |
|          | grants ")   |                     |                    |                     |                      |                   |                |
| 2        | Tax revenues levied for the                                       |                     |                    |                     |                      |                   |                |
|          | organization's benefit and either                                 |                     |                    |                     |                      |                   |                |
|          | paid to or expended on its  |                     |                    |                     |                      |                   |                |
| _        | behalf  |                     |                    |                     |                      |                   |                |
| 3        | The value of services or facilities                               |                     |                    |                     |                      |                   |                |
|          | furnished by a governmental unit to                               |                     |                    |                     |                      |                   |                |
|          | the organization without charge                                   |                     |                    |                     |                      |                   |                |
|          | Total. Add lines 1 through 3                                      |                     |                    |                     |                      |                   |                |
| 5        | The portion of total contributions by                             |                     |                    |                     |                      |                   |                |
|          | each person (other than a   |                     |                    |                     |                      |                   |                |
|          | governmental unit or publicly                                     |                     |                    |                     |                      |                   |                |
|          | supported organization) included on line 1 that exceeds 2% of the |                     |                    |                     |                      |                   |                |
|          | amount shown on line 11, column                                   |                     |                    |                     |                      |                   |                |
|          | (f)   |                     |                    |                     |                      |                   |                |
| 6        | Public Support. Subtract line 5 from                              |                     |                    |                     |                      |                   |                |
| Ü        | line 4  |                     |                    |                     |                      |                   |                |
| S        | ection B. Total Support   | 1                   |                    |                     |                      | I                 |                |
|          | endar year (or fiscal year beginning                              |                     |                    |                     |                      |                   |                |
| Cur      | in) ►   | (a) 2006            | <b>(b)</b> 2007    | <b>(c)</b> 2008     | ( <b>d)</b> 2009     | (e) 2010          | (f) Total      |
| 7        | A mounts from line 4  |                     |                    |                     |                      |                   |                |
| 8        | Gross income from interest,                                       |                     |                    |                     |                      |                   |                |
| 0        | dividends, payments received on                                   |                     |                    |                     |                      |                   |                |
|          | securities loans, rents, royalties                                |                     |                    |                     |                      |                   |                |
|          | and income from similar   |                     |                    |                     |                      |                   |                |
|          | sources   |                     |                    |                     |                      |                   |                |
| 9        | Net income from unrelated   |                     |                    |                     |                      |                   |                |
| -        | business activities, whether or                                   |                     |                    |                     |                      |                   |                |
|          | not the business is regularly                                     |                     |                    |                     |                      |                   |                |
|          | carried on  |                     |                    |                     |                      |                   |                |
| 10       | Other income Do not include gain                                  |                     |                    |                     |                      |                   |                |
|          | or loss from the sale of capital                                  |                     |                    |                     |                      |                   |                |
|          | assets (Explain in Part IV )                                      |                     |                    |                     |                      |                   |                |
| 11       | Total support (Add lines 7  |                     |                    |                     |                      |                   |                |
|          | through 10)   |                     |                    |                     |                      |                   |                |
| 12       | Gross receipts from related activities                            | es, etc (See inst   | ructions )         |                     |                      | 12                |                |
| 13       | First Five Years If the Form 990 is f                             | or the organization | on's first, second | , third, fourth, or | fifth tax year as a  | 501(c)(3) orga    | nızatıon,      |
|          | check this box and <b>stop here</b>                               | _                   | r                  |                     | •                    | . , . , -         | <b>▶</b> ┌॔    |
|          |   |                     |                    |                     |                      |                   |                |
| S        | ection C. Computation of Pub                                      | lic Support P       | ercentage          |                     |                      |                   |                |
| 14       | Public Support Percentage for 2010                                | (lıne 6 column (    | f) divided by line | 11 column (f))      |                      | 14                |                |
| 15       | Public Support Percentage for 2009                                | Schedule A Par      | rt II line 14      |                     |                      | 15                |                |
|          |   |                     |                    |                     |                      |                   | <del> </del>   |
| 16a      | <b>33 1/3% support test—2010.</b> If the                          |                     |                    |                     | line 14 is 33 1/3%   | or more, chec     |                |
|          | and <b>stop here.</b> The organization qua                        | •                   |                    |                     |                      | 2.2.4.204         | <b>▶</b> [     |
| b        | 33 1/3% support test—2009. If the                                 |                     |                    |                     | oa, and line 15 is : | 1/3% or mor کد    | . <del>-</del> |
| 17-      | box and <b>stop here.</b> The organization                        |                     |                    |                     | 12 16 1C             | handler - 4.4     | ▶              |
| r/a      | 10%-facts-and-circumstances test-                                 |                     |                    |                     |                      |                   | ın.            |
|          | is 10% or more, and if the organization made                      |                     |                    | •                   |                      |                   |                |
|          | in Part IV how the organization mee                               | is the facts and    | circumstances"     | test ine organiz    | acion quanifies as   | a publicly supp   | orted<br>F     |
| <b>L</b> | organization 10%-facts-and-circumstances test-                    | _2000 Ifthe era     | anization did not  | chack a hay an lu   | no 13 165 166 5      | or 17a and line   | F1             |
| ט        | 15 is 10% or more, and if the organ                               |                     |                    |                     |                      |                   |                |
|          | Explain in Part IV how the organizat                              |                     |                    | •                   |                      | <u>-</u>          | clv            |
|          | supported organization  | aon meets the 16    | aces and circuitis | tances test life    | . organization qual  | iiiies as a publi | ETY<br>▶ ¯     |
| 18       | Private Foundation If the organizati                              | on did not check    | a box on line 13   | . 16a. 16b. 17a o   | r 17b. check this    | box and see       | - 1            |
|          | instructions  | a.a not eneck       |                    | , , 0 0 , 7 0 0     | . 2. 2, 511558 61115 |                   | <b>▶</b> □     |

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

(Complete only if you checked the box on line 9 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  | 1                  |                    |                       |                   |               |           |                  |
|--|--------------------|--------------------|-----------------------|-------------------|---------------|-----------|------------------|
| Calendar year (or fiscal year beginning in) ►  | (a) 2006           | <b>(b)</b> 2007    | (c) 2008              | ( <b>d)</b> 2009  | <b>(e)</b> 20 | 10        | (f) Total        |
| Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 5,258,844          | 5,712,541          | 5,389,257             | 5,493,303         | 5             | 406,809   | 27,260,754       |
| 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 | 37,457,883         | 37,016,836         | 35,634,742            | 40,652,674        | 36            | 566,078   | 187,328,213      |
| 3 Gross receipts from activities<br>that are not an unrelated trade or<br>business under section 513   | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| Tax revenues levied for the<br>organization's benefit and either<br>paid to or expended on its<br>behalf   | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| The value of services or facilities<br>furnished by a governmental unit<br>to the organization without<br>charge   | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| 6 Total. Add lines 1 through 5   | 42,716,727         | 42,729,377         | 41,023,999            | 46,145,977        | 41            | 972,887   | 214,588,967      |
| <b>7a</b> A mounts included on lines 1, 2, and 3 received from disqualified persons  | 0                  | О                  | 0                     | 0                 |               | 0         | 0                |
| <b>b</b> A mounts 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      | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| year   | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| c Add lines 7a and 7b  8 Public Support (Subtract line 7c  | 0                  |                    | 0                     | 9                 |               | <u> </u>  |                  |
| from line 6 )  |                    |                    |                       |                   |               |           | 214,588,967      |
| Section B. Total Support   |                    |                    |                       |                   |               |           |                  |
| Calendar year (or fiscal year beginning in)  | <b>(a)</b> 2006    | <b>(b)</b> 2007    | (c) 2008              | ( <b>d)</b> 2009  | <b>(e)</b> 20 | 10        | <b>(f)</b> Total |
| 9 A mounts from line 6   | 42,716,727         | 42,729,377         | 41,023,999            | 46,145,977        | 41,           | 972,887   | 214,588,967      |
| LOa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                       | 6,486,179          | 6,334,131          | 1,228,973             | 1,899,967         | 1,            | 232,244   | 17,181,494       |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| c Add lines 10a and 10b  | 6,486,179          | 6,334,131          | 1,228,973             | 1,899,967         | 1,            | 232,244   | 17,181,494       |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | 0                  | 0                  | 0                     | 0                 |               | 0         | 0                |
| 13 Total support (Add lines 9, 10c,  | 49,202,906         | 49,063,508         | 42,252,972            | 48,045,944        | 43,           | 205,131   | 231,770,461      |
| 11 and 12)  14 First Five Years If the Form 990 is   | for the organizati | on's first, second |                       |                   | section5      | <u> </u>  | ) organization.  |
| check this box and <b>stop here</b>  | ior the organizati | on o mot, occona   | , tima, rourtin, or i | men eux yeur ub u | Jectionic     | 0 2 (0)(0 | ►                |
| Section C. Computation of Pub  | lic Support P      | ercentage          |                       |                   |               |           | _                |
| 15 Public Support Percentage for 201   |                    |                    | 13 column (f))        |                   | 15            |           | 92 587 %         |
| <b>16</b> Public support percentage from 20  | 09 Schedule A , P  | art III, line 15   |                       |                   | 16            |           | 91 318 %         |
| Section D. Computation of Inv  | estment Inco       | me Percenta        | ne .                  |                   |               |           |                  |
| 17 Investment income percentage for  |                    |                    |                       | ı (f))            | 17            |           | 7 413 %          |

Investment income percentage from 2009 Schedule A, Part III, line 17 18

% 18

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

| Schedule A (Fo | orm 990 or 990-EZ) 2010   | Pag |
|----------------|---|-----|
| Part IV        | <b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions). | •   |

| Facts And | Circumstances | Test |
|-----------|---------------|------|
|           |               |      |
|           |               |      |
|           |               |      |
|           |               |      |

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129008321

### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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. ▶ See separate instructions.

Open to Public Inspection

| If the organization answered "Yes," to 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" to Form 990 Part IV Line 4 or Form 990-F7 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 | . , . ,  | s," to Form 990, Part IV, Line 5 zations Complete Part III  |  | ,  | •   |
|--------|--|---|--|--|---|
|        | me of the organization<br>ERICAN PHYSICAL SOCIETY                |   |  | Employer iden<br>13-1656610  | tification number   |
| Par    | t I-A Complete if the or   | ganization is exempt und  | er section 501(                            |  | organization.   |
| 1      | Provide a description of the or                                  | ganization's direct and indirect po   | litical campaign ac                        | tivities in Part IV  |   |
| 2      | Political expenditures   | <b>3</b>  |  | <b></b>  | \$  |
| 3      | Volunteer hours  |   |  |  | * <u></u>   |
| Par    | t I-B Complete if the or   | ganization is exempt unde   | er section 501 <i>(</i>                    | (c)(3)   |   |
| 1      |  | e tax incurred by the organization  |  |  | <b></b>   |
| 2      |  | e tax incurred by organization mar  |  |  | \$  |
| 3      |  | section 4955 tax, did it file Form 4  |  |  | ⊤ — Tyes □ No   |
| 4a     | Was a correction made?   | ,   | , , , , , ,                                |  | □ Yes □ No  |
| ь      | If "Yes," describe in Part IV                                    |   |  |  |   |
|        |  | ganization is exempt und  | er section 501(                            | c) except section 501  | l(c)(3).  |
| 1      | Enter the amount directly expe                                   | ended by the filing organization for  | section 527 exem                           | pt function activities 🕨   | \$  |
| 2      | Enter the amount of the filing of exempt funtion activities      | organization's funds contributed to   | other organization                         | s for section 527<br>▶   | \$  |
| 3      | Total exempt function expendi                                    | tures Add lines 1 and 2 Enter he  | re and on Form 112                         | 20-POL, line 17b   | \$  |
| 4      | Did the filing organization file <b>I</b>                        | Form 1120-POL for this year?  |  |  | ☐ Yes ☐ No  |
| 5      | organization made payments l<br>amount of political contribution | nd employer identification number<br>For each organization listed, enter<br>ns received that were promptly an<br>political action committee (PAC) | the amount paid fr<br>d directly delivered | om the filing organization's f<br>I to a separate political orga           | unds Also enter the<br>nization, such as a  |
|        | (a) Name   | (b) Address   | (c) EIN                                    | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 - |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |
|        |  |   |  |  |   |

section 4911 tax for this year?

┌ Yes ┌ No

| Ρ        | art II-A Complete if the organization under section 501(h)).  | is exempt under section 501(c)(3) a               | nd filed Form 5768                     | (election                                |
|----------|---|---|--|--|
|          | Check If the filing organization belongs to a   |   |  |  |
| <u>B</u> | Check I if the filing organization checked bo  Limits on Lobbying E  (The term "expenditures" means a |   | (a) Filing<br>Organization's<br>Totals | <b>(b)</b> Affiliated<br>Group<br>Totals |
| 1a       | Total lobbying expenditures to influence public of  | opinion (grass roots lobbying)                    | 29,653                                 | TOTALS                                   |
|          | Total lobbying expenditures to influence a legisl   | ,           | 413,639                                |  |
| c        | Total lobbying expenditures (add lines 1a and 1   | b)  | 443,292                                |  |
| d        | Other exempt purpose expenditures   |   | 45,026,722                             |  |
| е        | Total exempt purpose expenditures (add lines 1  | c and 1d)   | 45,470,014                             |  |
| f        | Lobbying nontaxable amount Enter the amount columns   | from the following table in both                  | 1,000,000                              |  |
|          | If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                |  |  |
|          | Not over \$500,000  | 20% of the amount on line 1e                      |  |  |
|          | Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |  |  |
|          | Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000 |  |  |
|          | Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |  |  |
|          | Over \$17,000,000   | \$1,000,000                                       |  |  |
|          |   |   |  |  |
| g        | Grassroots nontaxable amount (enter 25% of lir  | ne 1f)  | 250,000                                |  |
| h        | Subtract line 1g from line 1a If zero or less, ent  | er -0-  | 0                                      |  |
| i        | Subtract line 1f from line 1c If zero or less, ente   | er - 0 -  | 0                                      |  |

# 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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

|       | Lobbying Expenditures During 4-Year Averaging Period       |                 |                 |                 |                 |           |  |  |  |
|-------|--|-----------------|-----------------|-----------------|-----------------|-----------|--|--|--|
|       | Calendar year (or fiscal year<br>beginning in)             | <b>(a)</b> 2007 | <b>(b)</b> 2008 | <b>(c)</b> 2009 | <b>(d)</b> 2010 | (e) Total |  |  |  |
| 2a    | Lobbying non-taxable amount                                | 0               | 0               | 0               | 1,000,000       | 1,000,000 |  |  |  |
| b     | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 | 1,500,000 |  |  |  |
| c     | Total lobbying expenditures                                | 0               | 0               | 0               | 443,292         | 443,292   |  |  |  |
| d     | Grassroots non-taxable amount                              | 0               | 0               | 0               | 250,000         | 250,000   |  |  |  |
| e<br> | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 | 375,000   |  |  |  |
| f     | Grassroots lobbying expenditures                           | 0               | 0               | 0               | 29,653          | 29,653    |  |  |  |

|           | ······································                                   |              | . ugc   |
|-----------|--|--------------|---------|
| Part II-B | Complete if the organization is exempt under section $501(c)(3)$ and has | NOT filed Fo | rm 5768 |
|           | (election under section 501(h)).   |              |         |
|           |  |              |         |

|     |  | (a)   |        | (b)       |  |
|-----|--|-------|--------|-----------|--|
|     |  | Yes   | No     | A mount   |  |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |       |        |           |  |
| а   | Volunteers?  |       |        |           |  |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |       |        |           |  |
| c   | Media advertisements?  |       |        |           |  |
| d   | Mailings to members, legislators, or the public?   |       |        |           |  |
| e   | Publications, or published or broadcast statements?  |       |        |           |  |
| f   | Grants to other organizations for lobbying purposes?   |       |        |           |  |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |       |        |           |  |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |       |        |           |  |
| i   | Other activities? If "Yes," describe in Part IV  |       |        |           |  |
| j   | Total lines 1c through 1i  |       |        |           |  |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |       |        |           |  |
| ь   | If "Yes," enter the amount of any tax incurred under section 4912  |       |        |           |  |
| c   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |       | l      |           |  |
| d   | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |       |        |           |  |
| Par | $\mathbf{HI-A}$ Complete if the organization is exempt under section $501(c)(4)$ section   | 501(c | 1(5).0 | r section |  |

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

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1 |     |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2 |     |    |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 |     |    |

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

| 1 | Dues, assessments and similar amounts from members   | 1  |  |
|---|--|----|--|
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
| а | Current year   | 2a |  |
| b | Carryover from last year   | 2b |  |
| С | Total  | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |

#### Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Ident if ier      | Return Reference | Explanation  |
|-------------------|------------------|--|
| SchC_P2A_S00_L01c |                  | To serve the needs of its membersship and the general public, APS concerns itself with a number of issues that affect both the physics community and the nation as a whole Such topics included Competiveness & Inovation, Defense, Education, Energy & Environment, Research Funding, and Visas |

DLN: 93493129008321

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

| MERIC | AN PHYSICAL SOCIETY   |   |              | •                     |                        |          |
|-------|---|---|--------------|-----------------------|------------------------|----------|
|       |   |   |              | .656610               |                        |          |
| art   | Organizations Maintaining Donor A<br>organization answered "Yes" to Form 99   |   | Funds        | or Accounts           | . Complete             | e if the |
|       | organization answered Tes to FUTIL 95   | (a) Donor advised funds                         | (            | <b>b)</b> Funds and o | ther account           |          |
| То    | tal number at end of year   |   | <u> </u>     | •                     |                        |          |
|       | gregate contributions to (during year)  |   |              |                       |                        |          |
| _     | gregate grants from (during year)   |   |              |                       |                        |          |
| _     | gregate value at end of year  |   |              |                       |                        |          |
| _     | d the organization inform all donors and donor advi   | Learn un writing that the accepts hold in       | donor odvi   |                       |                        |          |
| fui   | nds are the organization's property, subject to the   | organization's exclusive legal control?         |              |                       | ☐ Yes                  | ┌ No     |
| us    | d the organization inform all grantees, donors, and<br>ed only for charitable purposes and not for the ben<br>inferring impermissible private benefit   |   |              |                       | ┌ Yes                  | ┌ No     |
| rt I  | I Conservation Easements. Complete  | ıf the organization answered "Yes               | " to Form    | n 990, Part IV        | <sup>7</sup> , line 7. |          |
| <br>  | urpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreate Protection of natural habitat Preservation of open space pomplete lines 2a-2d if the organization held a qual | on or pleasure) Preservation of Preservation of | fa certified | l historic struc      |                        |          |
|       | isement on the last day of the tax year   | med conservation contribution in the ic         | or a co      | iisei vatioii         |                        |          |
|       |   |   |              | Held at the           | End of the Y           | 'ear     |
| Τc    | otal number of conservation easements   |   | 2a           |                       |                        |          |
| Τc    | otal acreage restricted by conservation easements   |   | 2b           |                       |                        |          |
| Nι    | umber of conservation easements on a certified his  | toric structure included in (a)                 | 2c           |                       |                        |          |
| Nι    | umber of conservation easements included in (c) a   | cquired after 8/17/06                           | 2d           |                       |                        |          |
|       | umber of conservation easements modified, transfe<br>e taxable year 🟲   | erred, released, extinguished, or termin        | ated by th   | e organization        | during                 |          |
| Nι    | umber of states where property subject to conserva  | ation easement is located ►                     |              |                       |                        |          |
|       | oes the organization have a written policy regarding iforcement of the conservation easements it holds?   |   | andling of   | violations, and       | ☐ Yes                  | ┌ No     |
| St    | aff and volunteer hours devoted to monitoring, insp   | pecting and enforcing conservation eas          | ements du    | ırıng the year 🕨      | •                      |          |
| ı A   | mount of expenses incurred in monitoring, inspecti  | ng, and enforcing conservation easeme           | ents during  | the year ► \$ _       |                        |          |
|       | oes each conservation easement reported on line 270(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   | 2(d) above satisfy the requirements of          | section      |                       | ☐ Yes                  | ┌ No     |
| ba    | Part XIV, describe how the organization reports c<br>llance sheet, and include, if applicable, the text of t<br>e organization's accounting for conservation easer  | the footnote to the organization's financ       |              |                       |                        |          |
| rt I  | Organizations Maintaining Collection Complete if the organization answered  |   |              | ner Similar <i>i</i>  | Assets.                |          |
| ar    | the organization elected, as permitted under SFAS<br>t, historical treasures, or other similar assets held<br>ovide, in Part XIV, the text of the footnote to its fir   | for public exhibition, education or rese        | earch in fui |                       |                        |          |
| his   | the organization elected, as permitted under SFAS<br>storical treasures, or other similar assets held for<br>ovide the following amounts relating to these items  | public exhibition, education, or researc        |              |                       | •                      |          |
| (i)   | Revenues included in Form 990, Part VIII, line 1  |   |              | <b>►</b> \$           |                        |          |
| (ii   | i) Assets included in Form 990, Part X  |   |              | <b>►</b> \$           |                        |          |
| Ιf    | the organization received or held works of art, hist<br>llowing amounts required to be reported under SFA   |   | s for finan  | cial gain, provid     | de the                 |          |
|       | evenues included in Form 990, Part VIII, line 1   | _   |              | <b>▶</b> \$           |                        |          |
| Re    | svendes included in Folli 550, Falt VIII, lille I   |   |              | <b>-</b> →            |                        |          |

**b** Assets included in Form 990, Part X

| Sched | lule D (Form 990) 2010   |                        |                             |         |                                |                          |               | Page 2       |
|-------|--|------------------------|-----------------------------|---------|--------------------------------|--------------------------|---------------|--------------|
| Part  | <b>IIII</b> Organizations Maintaining Co   | llections of Art       | , Historical Tr             | easu    | res, or Oth                    | er Similar <i>A</i>      | Assets        | (continued)  |
|       | Using the organization's accession and othe items (check all that apply)   | r records, check any   | -                           |         | -                              |                          | ection        |              |
| а     | Public exhibition  |                        | <b>d</b>   Loan o           | orexch  | nange program                  | S                        |               |              |
| b     | Scholarly research   |                        | e                           |         |                                |                          |               |              |
| c     | Preservation for future generations  |                        |                             |         |                                |                          |               |              |
|       | Provide a description of the organization's c<br>Part XIV  | ollections and expla   | ın how they furthe          | rthe o  | rganızatıon's e                | exempt purpos            | e ın          |              |
|       | During the year, did the organization solicit assets to be sold to raise funds rather than   |                        |                             |         |                                | mılar                    | ☐ Yes         | ┌ No         |
| Part  | Part IV, line 9, or reported an ar   |                        |                             |         | answered "                     | Yes" to Form             | 990,          |              |
|       | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?   | lian or other interme  | diary for contribu          | tions c | r other assets                 | not                      | ☐ Yes         | ┌ No         |
| b     | If "Yes," explain the arrangement in Part XI   | V and complete the     | following table             |         |                                | <u> </u>                 | Amount        |              |
| с     | Beginning balance  |                        |                             |         | 1c                             |                          |               |              |
| d     | Additions during the year  |                        |                             |         | 1d                             |                          |               |              |
| e     | Distributions during the year  |                        |                             |         | 1e                             |                          |               |              |
| f     | Ending balance   |                        |                             |         | 1f                             |                          |               |              |
| 2a    | Did the organization include an amount on F  | orm 990. Part X. line  | 217                         |         |                                | l                        | ┌ Yes         | Г№           |
|       | If "Yes," explain the arrangement in Part XIV  |                        |                             |         |                                |                          | ,             | ,            |
| Par   |  |                        | n answered "Ye              | s" to f | orm 990, Pa                    | art IV, line 10          | ).            |              |
|       |  | (a)Current Year        | ( <b>b)</b> Prior Year      |         |                                | <b>d)</b> Three Years Ba |               | r Years Back |
| 1a    | Beginning of year balance  | 2,432,041              | 2,286,204                   | ŀ       | 2,267,599                      |                          |               |              |
| b     | Contributions  | 19,976                 | 44,668                      | 3       | 31,426                         |                          |               |              |
| c     | Investment earnings or losses  | 129,685                | 166,954                     | l .     | 24,120                         |                          |               |              |
| d     | Grants or scholarships   | 0                      | 0                           |         | 0                              |                          |               |              |
|       | Other expenditures for facilities and programs   | 159,564                | 65,785                      | 5       | 36,941                         |                          |               |              |
| f     | Administrative expenses  | 0                      | 0                           |         | 0                              |                          |               |              |
| g     | End of year balance  | 2,422,138              | 2,432,041                   |         | 2,286,204                      |                          |               |              |
| 2     | Provide the estimated percentage of the yea  | r end balance held a   | ıs                          |         |                                |                          |               |              |
| а     | Board designated or quasi-endowment 🕨  | 0 %                    |                             |         |                                |                          |               |              |
| ь     | Permanent endowment ► 90 %   |                        |                             |         |                                |                          |               |              |
| c     | Term endowment ► 10 %  |                        |                             |         |                                |                          |               |              |
| 3a    | Are there endowment funds not in the posse   | ssion of the organiza  | ation that are held         | l and a | dmınıstered fo                 | r the                    |               |              |
|       | organization by  |                        |                             |         |                                | Γ=                       | Ye            |              |
|       | (i) unrelated organizations  |                        |                             |         |                                |                          | a(i)          | No           |
|       | (ii) related organizations   |                        |                             |         |                                | 3                        | a(ii)  <br>3b | No No        |
|       | Describe in Part XIV the intended uses of the  | •                      |                             |         |                                |                          | 30            |              |
|       | VI Investments—Land, Building  |                        |                             | 90 Pa   | rt X line 10                   |                          |               |              |
|       | Description of investment  | o, una Equipino        | (a) Cost or basis (inves    | r other | (b)Cost or other basis (other) |                          | 1 (4)         | Book value   |
| 1a    | and  |                        |                             | 196,412 | 0                              |                          |               | 196,412      |
|       | uildings   |                        |                             | 330,258 |                                |                          | 557           | 3,752,701    |
|       | easehold improvements  |                        |                             | 139,972 | -                              | _,,                      |               | 541,414      |
|       | quipment   |                        |                             | 836,063 |                                | ,                        | -             | 355,034      |
|       | ther   |                        | -                           | 030,003 |                                | ,                        | 029           | 333,034      |
|       | Add lines 1a-1e (Column (d) should equal Fo  | orm 990. Part X. colun | -  <br>nn (B), line 10(c) ) |         |                                | ▶                        | <del>-</del>  | 4,845,561    |
|       | The state of the s | , , a, - , , co, a, ,  | (=), 10(0).)                | • •     |                                |                          |               | 990) 2010    |

| Part VIII Investments—Other Securities. See  | form 990, Part X, line 12              | 2.                                    |                        |
|--|--|---------------------------------------|------------------------|
| (a) Description of security or category  | ( <b>b</b> )Book value                 |                                       | d of valuation         |
| (including name of security)   | (B)Book value                          | Cost or end-of                        | -year market value     |
| (1)Financial derivatives   |  |                                       |                        |
|  |  |                                       |                        |
| (2)Closely-held equity interests   |  |                                       |                        |
| Other  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)   |  |                                       |                        |
|  |  | 1.2                                   |                        |
| Part VIII Investments—Program Related. See   | : Form 990, Part X, line .             |                                       |                        |
| (a) Description of investment type   | (b) Book value                         |                                       | d of valuation         |
|  | (-,                                    | Cost or end-of                        | -year market value     |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
|  |  |                                       |                        |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13)   |  |                                       |                        |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       |                        |
|  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | ( <b>b)</b> Book value |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                                  |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  | e 15.<br>tion                          |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  | e 15. tion  5.)                        |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X | e 15. tion  5.)                        |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  | e 15. tion  5.)                        |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X | e 15. tion  5.)                        |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount | , , , , , , , , , , , , , , , , , , , | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | e 15. tion  5.) , line 25. (b) A mount |                                       | (b) Book value         |

| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                       | 1    | 43,755,136 |
|------|--|------|------------|
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2    | 45,470,014 |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                   | 3    | -1,714,878 |
| 4    | Net unrealized gains (losses) on investments   | 4    | 9,760,009  |
| 5    | Donated services and use of facilities   | 5    | 0          |
| 6    | Investment expenses  | 6    | 0          |
| 7    | Prior period adjustments   | 7    | 0          |
| 8    | Other (Describe in Part XIV)   | 8    | -443,113   |
| 9    | Total adjustments (net) Add lines 4 - 8  | 9    | 9,316,896  |
| 10   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9                | 10   | 7,602,018  |
| Par  | t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p               | er R | ·          |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1    | 53,072,032 |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12                             |      |            |
| а    | Net unrealized gains on investments 2a 9,760,009   |      |            |
| b    | Donated services and use of facilities   |      |            |
| С    | Recoveries of prior year grants  |      |            |
| d    | Other (Describe in Part XIV)   |      |            |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e   | 9,316,896  |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3    | 43,755,136 |
| 4    | A mounts included on Form 990, Part VIII, line 12, but not on line 1                           |      |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0                        |      |            |
| b    | Other (Describe in Part XIV) 4b 0  |      |            |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c   | 0          |
| 5    | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)  | 5    | 43,755,136 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses                      | per  |            |
| 1    | Total expenses and losses per audited financial statements                                     | 1    | 45,470,014 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25                               |      |            |
| а    | Donated services and use of facilities   |      |            |
| ь    | Prior year adjustments   |      |            |
| c    | Other losses   |      |            |
| d    | Other (Describe in Part XIV) 2d 0  |      |            |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e   | 0          |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3    | 45,470,014 |
| 4    | A mounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>                     |      |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0                          |      |            |
| b    | Other (Describe in Part XIV) 4b 0  |      |            |
| c    | Add lines 4a and 4b  | 4c   | 0          |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5    | 45,470,014 |
| Par  | t XIV Supplemental Information   |      |            |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Ident if ier      | Return Reference              | Explanation  |
|-------------------|-------------------------------|--|
| SchD_P05_S00_L04  | Schedule D, Part V, Line 4    | Earnings on the endowed funds are to provide an annual scholarship for woman physicists and to provide awards to distinguished individuals in the field of physics   |
| SchD_P10_S00_L02  | Schedule D, Part X, Line 2    | APS is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and has been classified as an organization that is not a private foundation APS has no sources of unrelated business income for the years ended December 31, 2010 and 2009 Under ASC 740-10 Financial Accounting Standards Board (FASB) Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48) on January 1, 2009 an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely than not that the position will be sustained APS does not believe there are any material uncertain tax positions and, accordingly, will not recognize any liability for unrecognized tax benefits APS has filed for and received income tax exemptions in the jurisdictions where it is required to do so Additionally, APS has filed Internal Revenue Form 990 tax returns as required and all applicable returns in those jurisdictions where it is required APS believes that it is no longer subject to US federal, state and local, or non-US income tax examinations by tax authorities for years before 2007. However, APS is still open to examinations by tax authorities from fiscal year 2007 forward. For the years ended December 31, 2010 and 2009, there was no interest or penalties recorded in the statements of activities. |
| SchD_P11_S00_L08  | Schedule D, Part XI, Line 8   | Change in post-retirement medical benefits other than net periodic postretirement medical benefit cost   |
| SchD_P12_S00_L02d | Schedule D, Part XII, Line 2d | Change in post-retirement medical benefits other than net periodic postretirement medical benefit cost   |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129008321

OMB No 1545-0047

### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Name of the organization AMERICAN PHYSICAL SOCIETY

**Employer identification number** 

13-1656610

| Part I | General Information on     | <b>Activities Outs</b> | ide the United State | s. Complete if the complete of the complete | ne organization | answered |
|--------|----------------------------|------------------------|----------------------|---|-----------------|----------|
|        | "Yes" to Form 990, Part IV | , lıne 14b.            |                      | -   | _               |          |

| 1 | For grantmakers. 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 | Γ | No |

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

| 3     | Activites per Region (Use Part \   | V ıfaddıtıonal s                           | pace is needed j   | )   |   |  |
|-------|--|--|--|---|---|--|
|       | (a) Region   | <b>(b)</b> Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service, describe<br>specific type of<br>service(s) in region | (f) Total<br>expenditures for<br>region/investments<br>in region |
|       | East Asia and the Pacific  | 0  | 0  | Grantmaking   | Grants  | 21,802   |
|       | Europe (including Iceland and Greenland)                                     | 0  | 0  | Grantmakıng   | Grants  | 70,987   |
|       | South America  | 0  | 0  | Grantmakıng   | Grants  | 15,500   |
|       | Sub-Saharan Africa   | 0  | 0  | Grantmakıng   | Grants  | 12,400   |
| ı     | South Asia   | 0  | 0  | Grantmakıng   | Grants  | 53,563   |
|       | Middle East and North Africa   | 0  | 0  | Grantmakıng   | Grants  | 25,657   |
|       | North America (including<br>Canada and Mexico, but not the<br>United States) | 0  | 0  | Grantmakıng   | Grants  | 5,192  |
|       |  |  |  |   |   |  |
|       |  |  |  |   |   |  |
|       |  |  |  |   |   |  |
|       |  |  |  |   |   |  |
|       |  |  |  |   |   |  |
| 32    | Sub-total  |  |  |   |   |  |
|       | Total from continuation sheets to Part I                                     |  |  |   |   |  |
| _ c   | <b>Totals</b> (add lines 3a and 3b)  | 0  | 0  |   |   | 205,101  |
| For P | rivacy Act and Paperwork Reduction   | Act Notice, see                            | the Instructions   | for Form 990. Cat   | No 50082W Schedu  | ule F (Form 990) 2010  |

1

Use Part V if additional space is needed.

(c) Region

(d) Purpose of

(b) IRS code

(i) Method of

| (a) Name of organization | section<br>and EIN (if<br>applicable) |  | grant  | cash grant | cash<br>disbursement | of non-cash<br>assistance | of non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) |
|--------------------------|---------------------------------------|--|--|------------|----------------------|---------------------------|---------------------------|---|
|                          |                                       | East Asia and the<br>Pacific                   | LaserFest Programs                             |            | Check                | 0                         |                           |   |
|                          |                                       | Europe (including<br>Iceland and<br>Greenland) | LaserFest Programs                             | 18,653     | Check                | 0                         |                           |   |
|                          |                                       | South America                                  | LaserFest Programs                             | 12,000     | Check                | 0                         |                           |   |
|                          |                                       | Sub-Saharan Africa                             | LaserFest Programs                             | 10,400     | Check                | 0                         |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  |  |            |                      |                           |                           |   |
|                          |                                       |  | ted above that are re<br>e or counsel has prov |            |                      |                           |                           | 8   |
| Enter total nur          | nber of other                         | organizations or en                            | tities   |            |                      |                           | <b>•</b>                  | 0   |
|                          |                                       |  |  |            |                      |                           | Schedule                  | F (Form 990) 2010                             |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

(e) A mount of

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . . . . . . .

(f) Manner of

(g) A mount of

(h) Description

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

| (a) Type of grant or<br>assistance | ( <b>b)</b> Region  | (c) Number of recipients | ( <b>d)</b> A mount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) A mount of<br>non-cash<br>assistance | ( <b>g</b> ) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other |
|------------------------------------|---|--------------------------|--------------------------------------|------------------------------------|--|---|---|
| Travel Assistance                  | South Asia  | 29                       | 45,572                               | Wire/Check                         | 0  |   | appraise,   |
| Travel Assistance                  | Europe (including<br>Iceland and<br>Greenland)                                  | 2                        | 5,500                                |                                    | 0  |   |   |
| Travel Assistance                  | Middle East and North<br>Africa   | h 2                      | 10,000                               |                                    | 0  |   |   |
| Travel Assistance                  | East Asia and the<br>Pacific  | 1                        | 4,500                                |                                    | 0  |   |   |
| Travel Assistance                  | Sub-Saharan Africa  | 1                        | 2,000                                | Wire                               | 0  |   |   |
| Travel Assistance                  | South America   | 1                        | 2,000                                | Wire                               | 0  |   |   |
| Prizes and Awards                  | Europe (including<br>Iceland and<br>Greenland)                                  | 8                        | 46,834                               |                                    | 0  |   |   |
| Prizes and Awards                  | Middle East and North<br>Africa   |                          | 15,657                               |                                    | 0  |   |   |
| Prizes and Awards                  | South Asia  | 2                        |                                      | . Check                            | 0  |   |   |
| Prizes and Awards                  | North America<br>(including Canada and<br>Mexico, but not the<br>United States) | 1                        |                                      | 2 Check                            | 0  |   |   |
| Prizes and Awards                  | East Asia and the<br>Pacific  | 1                        |                                      | Check                              | 0  |   |   |
| Prizes and Awards                  | South America   | 1                        | 1,500                                | Check                              | 0  |   |   |
|                                    | '   |                          |                                      |                                    |  |   |   |
|                                    | ,   |                          |                                      |                                    |  |   |   |
|                                    | ,   |                          |                                      |                                    |  |   |   |
|                                    | ,   |                          |                                      |                                    |  |   |   |
|                                    |   |                          |                                      |                                    |  |   |   |
|                                    |   |                          |                                      |                                    |  |   |   |

### 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 (see instructions for Form 926)  | Γ | Yes | ⊽ | Νo |
|---|--|---|-----|---|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)  | Γ | Yes | 굣 | Νo |
| 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)  | Γ | Yes | r | Νo |
| 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | r | Νo |
| 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)  | Г | Yes | ্ | Νo |
| 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 file Form 5713, International Boycott Report (see instructions for Form 5713).   | Г | Yes | ⊽ | Νo |

Schedule F (Form 990) 2010

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information

| <u>information.</u> | ·                          | ·  |
|---------------------|----------------------------|--|
| Identifier          | ReturnReference            | Explanation  |
| SchF_P01_S00_L01    | Schedule F, Part I, Line 1 | Recipients are selected based upon criteria determined by oversight committees   |
| SchF_P01_S00_L02    | Schedule F, Part I, Line 2 | Recipients are selected based upon criteria determined by oversight committees. Recipients provided lump sum payments at the beginning of the grant period are expected to submit final reports detailing expenditures. Funds given on a "reimbursement" basis require the fund recipient to provide APS with an expense report that includes receipts for his/her expenditures. Prizes and A wards are based upon prior accomplishments and are approved by the Executive Board before being given to distinguished physicists. |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
| -                   |                            |  |
|                     |                            |  |
| -                   |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     | <u> </u>                   | Schedule F (Form 990) 2010   |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

**Schedule I** (Form 990)

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

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

Attach to Form 990

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047

DLN: 93493129008321

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN PHYSICAL SOCIETY

Employer identification number 13-1656610

| Form 990, Part IV   | er Assistance to | Governments and ecipient that received | <b>Organizations in t</b><br>more than \$5,000. | Check this box if no                      |   | ved more than \$5,0                    |                                      |
|---|------------------|--|---|---|---|--|--------------------------------------|
| 1 (a) Name and address of organization or government  | <b>(b)</b> EIN   | (c) IRC Code section if applicable     | ( <b>d)</b> A mount of cash<br>grant            | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of gran<br>or assistance |
| (1) West Virginia Research<br>Corporation866 CHESTNUT<br>RIDGE RD<br>PO BOX 6845<br>MORGANTOWN, WV 26506        | 55-0665758       | 501(c)(3)                              | 8,000   | 0   |   |  | LaserFest Programs                   |
| (2) Idaho State University<br>FINANCE AND<br>ADMINNISTRATION<br>PO BOX 8219<br>POCATELLO,ID 83209               | 82-6000924       | 501(c)(3)                              | 8,000   | 0   |   |  | LaserFest Programs                   |
| (3) Optical Society of<br>America2010<br>MASSACHUSETTS AVE<br>WASHINGTON, DC 20036                              | 53-0196568       | 501(c)(3)                              | 18,499  | 0   |   |  | LaserFest Programs                   |
| (4) Cornell University DEPARTMENT OF PHYSICS 117 CLARK HALL ITHACA, NY 14853                                    | 15-0532082       | 501(c)(3)                              | 95,556  | 0   |   |  | Physics Education<br>Program         |
| (5) Florida International<br>UniversityOFFICE OF<br>SPONSORED RESEARCH<br>11200 SW 8TH STREET<br>MIAMI,FL 33199 | 65-0177616       | 501(c)(3)                              | 87,219  | 0   |   |  | Physics Education<br>Program         |
| (6) University of North<br>Carolina<br>At Chapel Hill104 AIRPORT<br>DRIVE SUITE 2200<br>CHAPEL HILL, NC 27599   | 56-6001393       | 501(c)(3)                              | 45,946  | 0   |   |  | Physics Education<br>Program         |
| (7) University of Minnesota<br>NW 5957<br>PO BOX 1450<br>MINNEAPOLIS, MN 55485                                  | 41-6007513       | 501(c)(3)                              | 69,449  | 0   | S   |  | Physics Education<br>Program         |
|   |                  |  |   |   |   |  |                                      |
|   |                  |  |   |   |   |  |                                      |
|   |                  |  |   |   |   |  |                                      |
|   |                  |  |   |   |   |  |                                      |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par | t IV, line 22. |
|----------|---|----------------|
|          | Use Schedule I-1 (Form 990) if additional space is needed.  |                |

| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | (c)A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| See Additional Data Table      |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier     | Return Reference | Explanation   |
|------------------|------------------|---|
| SchI_P01_S00_L02 | , ,              | Recipients are selected based upon criteria determined by oversight committees. Recipients provided lump sum payments at the beginning of the grant period are expected to submit final reports detailing expenditures. Funds given on a "reimbursement" basis require the fund recipient to provide APS with an expense report that includes receipts for his/her expenditures. Prizes and Awards are based upon prior accomplishments and are approved by the Executive Board before being given to distinguished physicists. |

(a)Type of grant or assistance

(f)Description of non-cash assistance

**Software ID:** 10000077

**Software Version:** v1.00

**EIN:** 13-1656610

(c)A mount of

Name: AMERICAN PHYSICAL SOCIETY

### Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(b) Number of

|  | recipients | cash grant | non-cash assistance | FMV , appraisal, other) |  |
|--|------------|------------|---------------------|-------------------------|--|
|  |            |            |                     |                         |  |
| Program Honorariums                                  | 5          | 3,200      | 0                   |                         |  |
| Programs-Travel Assistance                           | 43         | 21,292     | 0                   |                         |  |
| Programs-Travel Grants                               | 394        | 170,266    | 0                   |                         |  |
| Programs-Participant Costs                           | 3          | 3,031      | 0                   |                         |  |
| Programs-O utreach Grants                            | 5          | 3,498      | 0                   |                         |  |
| Programs-Other Expenses                              | 119        | 195,888    | 0                   |                         |  |
| Minority Scholorship Payments                        | 70         | 74,000     | 0                   |                         |  |
| Prizes & Awards-Stipends, Certificates and<br>Travel | 165        | 449,441    | 0                   |                         |  |
| Noyce Scholarship Payments                           | 13         | 195,000    | 0                   |                         |  |
| Travel-Participant Support                           | 109        | 88,535     | 0                   |                         |  |
| Subsistence-Participant Support                      | 13         | 7,679      | 0                   |                         |  |
| Other-Participant Support                            | 16         | 45,398     | 0                   |                         |  |

(d)A mount of

(e)Method of valuation (book,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493129008321

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization AMERICAN PHYSICAL SOCIETY

**Employer identification number** 

13-1656610

| Pa | rt I Questions Regarding Compensation   |    |     |     |
|----|---|----|-----|-----|
|    |   |    | Yes | Νo  |
| 1a | Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form<br>990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items |    |     |     |
|    | First-class or charter travel  Housing allowance or residence for personal use  |    |     |     |
|    | Travel for companions Payments for business use of personal residence   |    |     |     |
|    | Tax idemnification and gross-up payments  Health or social club dues or initiation fees   |    |     |     |
|    | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  |    |     |     |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain                | 1b |     |     |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                      | 2  |     |     |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  |    |     |     |
|    | ▼ Compensation committee  |    |     |     |
|    | ☐ Independent compensation consultant ☐ Compensation survey or study  |    |     |     |
|    | Form 990 of other organizations  Approval by the board or compensation committee  |    |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization  |    |     |     |
| а  | Receive a severance payment or change-of-control payment from the organization or a related organization?   | 4a |     | No  |
| Ь  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b | Yes |     |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |     | Νo  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  |    |     |     |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  |    |     |     |
| 5  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of   |    |     |     |
| а  | The organization?   | 5a |     | Νo  |
| b  | Any related organization?   | 5b |     | Νo  |
|    | If "Yes," to line 5a or 5b, describe in Part III  |    |     |     |
| 6  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of   |    |     |     |
| а  | The organization?   | 6a |     | Νo  |
| b  | Any related organization?   | 6b |     | Νo  |
|    | If "Yes," to line 6a or 6b, describe in Part III  |    |     |     |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | 7  |     | No  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was  |    |     |     |
|    | subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe<br>in Part III  |    |     | N - |
|    |   | 8  |     | No  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations<br>section 53 4958-6(c)?   | 9  |     |     |

### 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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name                   |             | (B) Breakdown of         | W-2 and/or 1099-MIS                       | SC compensation                           | (C) Retirement and             | ( <b>D)</b> Nontaxable | (E) Total of columns | (F) Compensation                                |  |
|----------------------------|-------------|--------------------------|---|---|--------------------------------|------------------------|----------------------|---|--|
|                            |             | (i) Base<br>compensation | (ii) Bonus &<br>ıncentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits               | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |  |
| (1) Curtis G Callan Jr     | (1)<br>(11) | 0                        | 0   | 0   | 0                              | 0                      | 0 0                  |   |  |
| (2) Barry C Barısh         | (ı)<br>(ıı) | 0                        | 0 0                                       | 0   | 0 0                            | 0                      | 1                    |   |  |
| (3) Robert Byer            | (ı)<br>(ıı) | 0                        | 0   | 0   | 0                              | 0                      | 0                    |   |  |
| (4) Michael S Turner       | (ı)<br>(ıı) | 0                        | 0   | 0   | 0                              | 0                      | 0                    |   |  |
| (5) Joseph W Serene        | (ı)<br>(ıı) | 250,739<br>0             | 0   | 0   | 0                              | 27,783<br>0            | 278,522<br>0         | 241,75  |  |
| (6) Kate P Kırby           | (ı)<br>(ıı) | 298,243<br>0             | 0   | 0   | 0                              | 34,937<br>0            | 333,180<br>0         | 135,76  |  |
| (7) Gene D Sprouse         | (ı)<br>(ıı) | 263,075<br>0             | 0   | 0   | 16,500<br>0                    | 29,861<br>0            | 309,436<br>0         | 254,28  |  |
| (8) Alan Chodos            | (ı)<br>(ıı) | 200,339                  | 0   | 0   | 6,000                          | 34,821                 | 241,160              | 192,43  |  |
| (9) A my Flatten           | (ı)<br>(ıı) | 166,985<br>0             | 0   | 0   | 6,000                          | 24,482                 | 197,467<br>0         |   |  |
| (10) Theodore Hodapp       | (ı)<br>(ıı) | 166,362<br>0             | 0   | 0   | 16,500<br>0                    | 31,573<br>0            | 214,435              | 162,25  |  |
| (11) Mark Doyle            | (ı)<br>(ıı) | 157,862<br>0             | 0   | 0   | 0                              | 31,195                 | 189,057              |   |  |
| (12) Robert Kelly          | (ı)<br>(ıı) | 155,299<br>0             | 0   | 0   | 0                              | 23,313                 | 178,612              | 149,61  |  |
| (13) Michael D<br>Stephens | (ı)<br>(ıı) | 152,569<br>0             | 0   | 0   | 0                              | 30,666                 | 183,235              | 142,81  |  |
| ( 14 )                     |             |                          |   |   |                                |                        |                      |   |  |
| ( 15 )                     |             |                          |   |   |                                |                        |                      |   |  |
| ( 16 )                     |             |                          |   |   |                                |                        |                      |   |  |

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Return<br>Reference | Explanation  |
|--------------|---------------------|--|
|              |                     | Gene Sprouse contributed \$16500 to a Section 457 plan Alan Chodos contributed \$6000 to a Section 457 plan Amy Flatten contributed \$6000 to a Section 457 plan Theordore Hodapp contributed \$16500 to a Section 457 plan Peter Adams contributed \$15499 92 to a Section 457 plan |

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129008321

OMB No 1545-0047 2010

> Open to Public Inspection

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN PHYSICAL SOCIETY

**Employer identification number** 

13-1656610

| ldentifier       | Return Reference                     | Explanation            |
|------------------|--------------------------------------|------------------------|
| F990_P06_S0A_L06 | Form 990, Part VI, Section A, Line 6 | APS has 48,263 members |

| ldentifier        | Return Reference                      | Explanation  |  |  |
|-------------------|---------------------------------------|--|--|--|
| F990_P06_S0A_L07a | Form 990, Part VI, Section A, Line 7a | APS Members elect the members of the govering body, or Council |  |  |

| Identifier Return Reference |                                       | Explanation  |  |  |
|-----------------------------|---------------------------------------|--|--|--|
| F990_P06_S0A_L07b           | Form 990, Part VI, Section A, Line 7b | Changes to the APS constitution must be approved by the membership |  |  |

| Identifier Return Reference |   | Explanation  |  |  |
|-----------------------------|---|--|--|--|
| F990_P06_S0B_L11a           | Form 990, Part VI,<br>Section B, Line 11a | The members of the governing body received an email informing them that a copy of the Form 990 was posted upon the governing body's password-protected website |  |  |

| ldentifier        | Return Reference                          | Explanation   |  |  |
|-------------------|---|---|--|--|
| F990_P06_S0B_L12c | Form 990, Part VI,<br>Section B, Line 12c | Employees and governing body members are asked to complete a conflict of interest report each year. That report is reviewed by the Executive Officer and Treasurer for potential conflicts. |  |  |

| Identifier Return Reference |  | Explanation  |  |  |
|-----------------------------|--|--|--|--|
| F990_P06_S0B_L15            |  | A senior personnel committee approves salaries of the officers and key employees of the Society Salary surveys are reviewed by this committee as part of the process |  |  |

| Identifier Return Reference |  | Explanation  |  |  |
|-----------------------------|--|--|--|--|
| F990_P06_S0C_L19            |  | The APS governing documents are available online at www aps org/exec. The financial statements are included in the APS Annual Report also available at this link |  |  |

| ldentifier       | Return<br>Reference          | Explanation  |  |  |
|------------------|------------------------------|--|--|--|
| F990_P11_S00_L05 | Form 990, Part XI,<br>Line 5 | Change in unrealized gains \$9,760,009 Change in post-retirement medical benefits other than net periodic postretirement medical benefit expense (\$443,113) |  |  |

### **Additional Data**

**Software ID:** 10000077

**Software Version:** v1.00

**EIN:** 13-1656610

Name: AMERICAN PHYSICAL SOCIETY

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| 4d. Other program services |                               |               |                        |                         |           |  |
|----------------------------|-------------------------------|---------------|------------------------|-------------------------|-----------|--|
| (Code                      | ) (Expenses \$                | 6,985,850     | including grants of \$ | 1,545,867 ) (Revenue \$ | 124,280 ) |  |
| Physics Researcl           | h Programs Public Affairs and | Programs (482 | 263 Members)           |                         |           |  |