

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



=orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

			lendar year, or tax year beging C Name of organization	nning 01-01-2010 and ending 12-31-20	010	D Emp	loyer	identification number
	еск іт а dress ch	pplicable nange	American Institute of Physics In	c		13-:	1667	053
_	me cha	-	Doing Business As					number
	tıal retu	_	Number and street (or D.O. ho)	v if mail is not delivered to etreet address)	Doom /surto			
_	mınate		One Physics Ellipse	r if mail is not delivered to street address)	Room/suite	(30:	1)20	9-3100
	nended		City or town, state or country, a	and ZIP + 4		G Gross	s receip	pts \$ 74,434,904
		n pending	College Park, MD 207403843					
, AP	plication	r penang	F Name and address of	nringinal officer	1 >			
			H FREDERICK DYLLA	principal officer	H(a) Is th	ıs a group returi	n for affil	liates? Yes No
			ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20		H(b) Are	all affiliates ir	ncluded	17
			COLLEGETARR, MD 20	7740	If"	No," attach	n a lis	t (see instructions)
I Ta	ıx-exem	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Gr	oup exemp	tion n	umber 🟲
—— У W	ebsit e	e: ► WW	/W A I P O RG		\dashv			
			Corporation Trust Assoc	on the Court of th	1	£	024	M Chata at language and
	m or org I rt I		mary	clation Other F	L Year of	formation 19	931	M State of legal domicile NY
FC								
		•	-	ssion or most significant activities lysics including the promotion of researc	h in the physi	cal science	es and	d industry and the
œ.	9	dıssemir	nation of knowledge of physic	s and its applications to human welfare				·
Governance	-							
Ē	-							
> 0.K	2	Check th	nis box 🔰 if the organizatio	n discontinued its operations or dispose	d of more than	25% of its	net	assets
<i>ు</i> ఇక	3	Number	of voting members of the gov	erning body (Part VI, line 1a)			3	41
8	4	Number	of independent voting membe	ers of the governing body (Part VI, line 1	b)		4	39
星	5	Total nui	mber of individuals employed		5	441		
Activities &	6	Total nui	mber of volunteers (estimate	ıfnecessary)			6	350
- -	7a -	Total uni	related business revenue fro	m Part VIII, column (C), line 12			7a	3,407,290
	ь	Net unre	lated business taxable incor	ne from Form 990-T, line 34			7b	-221,379
					Pr	ior Year		Current Year
a.	8		butions and grants (Part VII	757,520				
an Lie	9	Progra	m service revenue (Part VII	I, line 2g)	-	62,683,	,321	60,815,235
Revenu	10			umn (A), lines 3, 4, and 7d)	•	3,030,	-	4,109,586
_	11		revenue (Part VIII, column (7,706,	,138	8,752,563	
	12		=	11 (must equal Part VIII, column (A), l	ine	74,068,	720	74,434,904
	13			art IX, column (A), lines 1-3)		427,	,535	421,750
	14	Benefi	ts paid to or for members (Pa	art IX, column (A), line 4)			0	0
76	15	Salarıe	es, other compensation, emp	loyee benefits (Part IX, column (A), lines	5 5 -			
Expenses		10)				38,366,	-	37,148,859
<u>₹</u>	16a			IX, column (A), line 11e)			0	0
五	b		ndraising expenses (Part IX, colum				101	
	17			A), lines 11a-11d, 11f-24f)		38,172,		38,002,257
	18 19			(must equal Part IX, column (A), line 25)	'	76,966,		75,572,866
μ. φ.	13	Keven	de less expelises Subtidet I	ine 18 from line 12	Reginni	-2,897, ing of Curre		-1,137,962
ည်း စေသည်						Year		End of Year
Net Assets or Fund Balances	20	Totala	assets (Part X, line 16) .			165,094,	490	172,112,755
절	21	Totall	iabilities (Part X, line 26) .			47,126,	,931	45,513,083
	22	Netas	sets or fund balances Subtr	126,599,672				
Pa	rt II	Sign	ature Block					
know		and belie		mined this return, including accompanying ete. Declaration of preparer (other than offi	cer) is based o			
Sigr	1	Signa	ature of officer			Date		
Her		Richa	ard Baccante Treasurer & CFO					
			or print name and title					
		Print/Type		Preparer's signature	Date	Check if se		PTIN
Paid	_	preparer's Firm's nar		Lembiosed	<u>' </u>	Eirm's ETN		
Prep	arer		dress • 1676 International Drive					Firm's EIN
Use	Only	, 5 auc	McLean VA 22102					Phone no (703) 286- 8000

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

Form	990 (2010) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
INCL	A FEDERATION OF 10 PHYSICAL SCIENCE SOCIETIES, PROMOTES THE ADVANCEMENT OF PHYSICS IN GENERAL UDING THE PROMOTION OF RESEARCH IN THE PHYSICAL SCIENCES AND INDUSTRY AND THE DISSEMINATION OF WLEDGE OF PHYSICS AND ITS APPLICATIONS TO HUMAN WELFARE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code) (Expenses \$ 53,845,932 including grants of \$) (Revenue \$ 58,717,826)
	Publishing Program AIP publishes 12 journals (some of which are the most highly cited in their respective fields), 2 magazines, including its flagship publications Physics Today, and the AIP Conference Proceedings series. These publications mainly focus on applications of physics to a broad array of fields and communicate many of the latest breakthroughs in these fields to a diverse international audience of readers. AIP's online platform Scitation hosts nearly two million articles from more than 185 scholary journals and other publications of 28 learned society publishers.
4b	(Code) (Expenses \$ 1,525,327 including grants of \$ 421,750) (Revenue \$ 2,097,409)
	Physics Resources Center Programs In keeping with its mission and to fulfill the constitutional mandate in public information, education and related activities, AIP established the Physics Resources Center (PRC) PRC offers unique services, products, and expertise in Education and Student Services, History of Physics, Media and Government Relations, Magazine Publishing and Employment Services for Science and Engineering Professionals, Statistical Research, and Industry Outreach With the purpose to promote the progress and relevance of physics and allied fields and advance their contributions and responsiveness to society, PRC generates, communicates and popularizes knowledge, unique expertise, and authoritative information focusing on the following audiences. AIP Member Societies, their individual members, students and the general public
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program carvices (Describe in Schedule O.)
40	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses▶\$ 55,371,259

			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		Νο
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 quasi- endowments? 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	
Ь	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		No
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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
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	Yes	
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	Yes	
b	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? <i>If</i> " <i>Yes,"</i> 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? <i>If</i> "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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV 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
b	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		Νο
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
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? If "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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
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			
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable la 158			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
_	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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	Yes	
b	If "Yes," enter the name of the foreign country ▶CH			
	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		N
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
-	In rest to fine 54 of 55, and the organization menorin occor in the first in the fi	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
b	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			
4	file Form 8282?	7c		N
u	Trives, indicate the number of Forms 6262 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		 NI
f	contract?	76 7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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?	_		
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	_		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	4.5		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	-		
	13c	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
-	If "Vac " has it filed a Form 720 to report these nauments? If "No " provide an explanation in Schodule O	1/16		

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.

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait 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			
b	year			
D	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		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?	7b		No
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	
b	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			NI -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal	9		No
	venue Code.)			
	-		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	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	
Ь	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,"	42-	V	
12	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?			
14 15	Does the organization have a written document retention and destruction policy?	14	Yes	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
ь	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		
	ction C. Disclosure	100		
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. Another'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 RICHARD BACCANTE
 ONE PHYSICS ELLIPSE
 COLLEGE PARK, MD 207403843
 (301) 209-3100

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	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi	tion (that a	C) (che	ckal			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per		tion (che	')			(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of ot compensati		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from rganizat relat organiza	the ion and ed	
See Additional Data Table													
4h Cub Tatal							<u> </u>						
to Total from continuation sheets						· ·	_						
d Total (add lines 1b and 1c) .							►	3,056,024		0		423,375	
Total number of individuals (incli \$100,000 in reportable compens	•				ted	above) who	received more tha	n				
											Yes	No	
3 Did the organization list any form on line 1a? If "Yes," complete Sch					eye •	mploy •	ee, o • •	r highest compens	ated employee • • •	3	Yes		
4 For any individual listed on line 1 organization and related organization and related organization.										4	Yes		
5 Did any person listed on line 1a		-				-		-	or individual for		163		
services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J fo	or suct	n pers	son	•	5		No	
Section B. Independent Con	tractors												
1 Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that received more	e than				
Nam	(A) ne and business ad	dress						Descr	(B) uption of services		(C Comper		
KPMG LLP 2001 M Street NW WASHINGTON, DC 20036								Audit and Ta	×			157,700	
Sabo Associates West 4002 Bluff Street TORRENCE, CA 90505								Sales Agent				113,485	
Madison Associates LLC 316 Pennsylvania Avenue SE WASHINGTON, DC 20003								Consulting				108,766	

\$100,000 in compensation from the organization ▶3

Form 9	90 (2010) VIII Statement of Revenue				Pag	ge 9
rait	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	186,421 571,099 130,000	757,520			
Program Service Revenue	PUBLISHING CENTER b PHYSICS RESOURCES CENTER c d e f All other program service revenue	511120 900099		55,310,536 2,097,409	3,407,290	
	g Total. Add lines 2a-2f		60,815,235 4,109,586 0			4,109,586
	(I) Real 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(II) Personal				
evenue	(I) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$	(II) Other	0			
Other Revenue	b Less direct expenses b c Net income or (loss) from fundraising events • 9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses b c Net income or (loss) from gaming activities • 10a Gross sales of inventory, less returns and allowances .		0			
	b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a PASS THRU COSTS/ MBR SOCIETIES b EQUITY GAIN ON	Business Code 900099	7,768,182 731,192	7,768,182		731,192
	INVESTMENT C DAY CARE d All other revenue e Total. Add lines 11a-11d	900099	252,929 260 8,752,563			252,929 260
	12 Total revenue. See Instructions		74,434,904	65,176,127	3,407,290 rm 990 (20	5,093,967

	990 (2010)				Page 10
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)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	106,622	106,622	general enpenees	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	290,533	290,533		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	24,595	24,595		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,026,024	1,770,106	1,255,918	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	24,695,443	19,019,732	5,524,334	151,377
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,670,763	2,003,072	640,983	26,708
9	Other employee benefits	4,506,859	3,380,144	1,081,646	45,069
10	Payroll taxes	2,249,770	1,687,327	539,945	22,498
а	Fees for services (non-employees) Management	0			
ь	Legal	277,526		277,526	
c	Accounting	242,948	3,660	239,288	
d	Lobbying	151,055	151,055		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	71,444		71,444	
g	Other	1,776,089	1,390,840	378,108	7,141
12	Advertising and promotion	1,212,727	1,212,727		
13	Office expenses	728,823	418,117	293,056	17,650
14	Information technology	2,531,857	1,437,509	1,092,538	1,810
15	Royalties	0			
16	Occupancy	7,423,435	24,990	7,398,445	
17	Travel	957,930	777,299	178,486	2,145
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	876,348	586,516	289,185	647
20	Interest	20,529		20,529	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,201,487	813,971	387,516	0
23	Insurance	218,973		218,973	
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)				
а	MEMBER SOCIETY PASS THRU	7,768,182	7,768,182		
b	PUBLISHING PRINTING	4,719,533	4,698,863	2,558	18,112
c	EDIT MANAGEMENT	4,018,499	4,018,499		
d	PUBLISHING PRODUCTION	2,844,590	2,844,590		
e	MISCELLANEOUS	960,282	942,310		17,972
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	75,572,866	55,371,259	19,890,478	311,129
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				

Part X Balance Sheet (A) (B) Beginning of year End of year 212,760 8,923,646 1 1 2 10.074.127 2 23,419,216 150,752 81,556 3 3 5,166,298 4 5,512,745 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 1,306,885 9 856,625 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 19.884.038 10a Part VI of Schedule D 10b 17.824.644 ь Less accumulated depreciation 3,084,210 **10c** 2.059.394 126,126,501 137.655.993 11 11 50.000 12 50,000 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 5,577,868 15 6.898.669 15 16 165,094,490 16 172,112,755 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 8.844.207 17 9,671,316 17 Accounts payable and accrued expenses . 18 18 19 19 20.671.001 18.280.244 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 17.611.723 25 17,561,523 Other liabilities Complete Part X of Schedule D 26 47.126.931 26 45,513,083 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 108.641.610 27 116,447,234 Unrestricted net assets Temporarily restricted net assets 28 1,923,678 28 2,694,935 Fund 7,402,271 29 7,457,503 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 117,967,559 33 126,599,672 33 Total net assets or fund balances 165.094,490 34 Total liabilities and net assets/fund balances 172,112,755 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74.4	134,90
2	Total expenses (must equal Part IX, column (A), line 25)	2			572,860
3	Revenue less expenses Subtract line 2 from line 1	3		-1,1	137,96
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		117,9	967,559
5	Other changes in net assets or fund balances (explain in Schedule O)	5		9,7	770,07
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		126,5	599,67
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	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		Νo
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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMP No 1545 004

OMB No 1545-0047

SCHEDULE A

(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.

2010

Open to Public Inspection

mericar	ı Inst	itute of Physics Inc				
D			13-1667053	.t		
Part		Reason for Public Charity Status (All organizations must complete this par		tions		
	<u> </u>	zation is not a private foundation because it is (For lines 1 through 11, check only one box				
1	_	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I).			
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	_	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A				
4		A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	on 170(b)(1)(A)	(III). Enter	the	
5	_	An organization operated for the benefit of a college or university owned or operated by a g	overnmental uni	t described	_ in	
		section 170(b)(1)(A)(iv). (Complete Part II)				
6	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	_	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from th	e general p	ublic	
8	_	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	tions. membersh	ip fees, and	d aros	5 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and			_	-
		its support from gross investment income and unrelated business taxable income (less se	, ,			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	•			
LO I	_	An organization organized and operated exclusively to test for public safety. See section 50	•			
	_	An organization organized and operated exclusively for the benefit of, to perform the function or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carr 19(a)(2) See sec 11h)(3).	Chec
e f	_	By checking this box, I certify that the organization is not controlled directly or indirectly to other than foundation managers and other than one or more publicly supported organization section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type I	ns described in s	section 509	9 (a)(1	1) or
•		check this box	10.1, po 111 0 a,	pporting or	game	Г.
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?	the	_		
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ibed 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) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of 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, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 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) 2007	(c) 2008	(d) 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 stop here	_	r		•	. , . , -	▶ ┌॔
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	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. 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 F
L	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	LIY ▶
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 ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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.)

Se	ection A. Public Support	,		s tests listed be	, p		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,288,135	949,803	3,468,689	648,313	757,520	7,112,460
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	59,145,412	61,129,498	62,041,172	62,683,321	60,815,235	305,814,638
3	purpose Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified	60,433,547	62,079,301	65,509,861	63,331,634	61,572,755	312,927,098
Ь	persons 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 year						
с 8	Add lines 7a and 7b Public Support (Subtract line 7c from line 6)						312,927,098
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	60,433,547	62,079,301	65,509,861	63,331,634	61,572,755	312,927,098
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,781,934	7,925,000	5,188,383	3,030,948	4,109,586	27,035,851
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	6,781,934	7,925,000	5,188,383	3,030,948	4,109,586	27,035,851
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	9,652,590	9,927,493	9,806,180	7,706,138	8,752,563	45,844,964
13 14	Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is	76,868,071	79,931,794	80,504,424	74,068,720	74,434,904	, ,
	check this box and stop here			,	can your as c		>
<u>5e</u> 15	ection C. Computation of Pub Public Support Percentage for 2010			13 column (f))		15	81 110 %
16	Public support percentage from 200	·				16	80 194 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				ı (f))	17	7 008 %

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	Supplemental Information. 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: 93493290001351

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Political Campaign and Lobbying Activities

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

- ◆ 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-EZ, Part VI, line 47 (Lobbying Activities), then

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

	me of the organization erican Institute of Physics Inc			Employer ide	ntıfıcatıon number
,	erican institute of Fifty sies the			13-1667053	3
a r	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	7 organization.
	Provide a description of the org	janization's direct and indirect po	olitical campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
ar	t I-B Complete if the ord	ganization is exempt und	er section 501/	c)(3)	
<u> </u>		tax incurred by the organization			¢
		tax incurred by organization mai			φ
- }		ection 4955 tax, did it file Form 4		11 4 3 3 3 F	→
, la	Was a correction made?	ection 4555 tax, ala it inc roini -	+/20 for this year		「Yes
b	If "Yes," describe in Part IV				, 165 , 110
		ganization is exempt und	er section 501(c) except section 50	1(c)(3).
L		nded by the filing organization for	_		\$
2	Enter the amount of the filing o	rganization's funds contributed to	o other organizations	s for section 527	\$
	p				
}	•	ures Add lines 1 and 2 Enter he	ere and on Form 112	0-POL, line 17b	¢
	Total exempt function expendit Did the filing organization file F Enter the names, addresses an	orm 1120-POL for this year? d employer identification number	r (EIN) of all section	527 political organization	
3 4 5	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year?	r (EIN) of all section r the amount paid fro id directly delivered	527 political organization om the filing organization's to a separate political org	is to which the filing funds Also enter the anization, such as a
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an	r (EIN) of all section r the amount paid fro id directly delivered	527 political organization om the filing organization's to a separate political org	funds Also enter the anization, such as a ation in Part IV (e) A mount of politica contributions received and promptly and
1	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	orm 1120-POL for this year? d employer identification number for each organization listed, enter s received that were promptly an political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization om the filing organization's to a separate political orgis needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public opinion (grass roots lobbying)						
b	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns						
	If the amount on line 1e, column (a) or (b) is:	lobbying nontaxa	ble amount is:				
	Not over \$500,000	of the amount on lin	e 1e				
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		have to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).	1.	(a)			
		Yes	No	,	(b) Moun	
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?	Yes				
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
С	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			20.	3,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes				
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:		•		20.	3,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
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					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), c	or se		n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-A,			ectio	n ——
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				
_	Carryover from last year	2b				
b	Total	2c				
c						
c 3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
c	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	4				
c 3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					

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

Identifier Return Reference Explanation

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

DLN: 93493290001351

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Open to Public

idi Nevellue del vice	i to rollii 330. F See separate ilistructions.	Inspection
ame of the organization nerican Institute of Physics Inc		Employer identification number
nerical institute of rhysics inc		13-1667053
	or Advised Funds or Other Similar	Funds or Accounts. Complete if the
organization answered "Yes" to For	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(a) Bonor advised lands	(b) I alias and other accounts
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and dono funds are the organization's property, subject t	-	donor advised Yes N
Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit		•
art II Conservation Easements. Comp	plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	creation or pleasure)	an historically importantly land area a certified historic structure orm of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation ease	ments	2b
Number of conservation easements on a certifi	ed historic structure included in (a)	2c
Number of conservation easements included in	(c) acquired after 8/17/06	2d
Number of conservation easements modified, to the taxable year		
Does the organization have a written policy reg enforcement of the conservation easements it		andling of violations, and Yes N
Staff and volunteer hours devoted to monitoring	g, inspecting and enforcing conservation eas	ements during the year ►
A mount of expenses incurred in monitoring, ins		
Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Г Yes
In Part XIV, describe how the organization repo balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's financ	
	ections of Art, Historical Treasure ered "Yes" to Form 990, Part IV, line 8.	
If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	s held for public exhibition, education or rese	earch in furtherance of public service,
If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these	ld for public exhibition, education, or researc	•
(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art following amounts required to be reported unde		
Revenues included in Form 990, Part VIII, line	•	▶ \$

b Assets included in Form 990, Part X

СII	411 Organizations Maintaining Co	llections of Art	, His	toric	<u>al Trea</u>	<u>asur</u>	es, or C	<u> tne</u>	<u>er Simila</u>	r Ass	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e follo	wing tha	it are	a sıgnıfıc	ant u	use of its c	ollectic	n	
а	Public exhibition		d		Loan or	exch	ange prog	rams	;			
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	ın how	they	further t	:he or	ganızatıoı	n's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an an											
а	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or	other ass	sets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng tab	ole		г					
							-			A mo	unt	
с	Beginning balance							1c				
d	Additions during the year							1d	1			
e	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior Ye		(c) Tw	o Years Bac		d) Three Year	s Back (e) Four Y	ears Back
3	Beginning of year balance	17,514,715		14,0	026,715		15,206,8	_				
b	Contributions	63,224			99,289		3,148,					
C	Investment earnings or losses	2,141,240		3,6	589,029		-4,103,9	981				
d	Grants or scholarships											
е	Other expenditures for facilities and programs	286,463		3	300,318		224,	756				
f	Administrative expenses							+				
g	End of year balance	19,432,716		17,5	514,715		14,026,	715		- +		
9	Provide the estimated percentage of the yea	r end halance held a		<u> </u>	, <u> </u>							
		48 000 %	15									
а	Board designated or quasi-endowment	10 000 70										
b	Permanent endowment ► 52 000 %											
С	Term endowment ►	6.1										
а	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	hat ar	e held a	nd ad	ministere	d for	the		Yes	No
	(i) unrelated organizations									3a(i)	+	No
	(ii) related organizations									3a(ii)	+	No
Ь	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	chedu	le R? .					3b		
	Describe in Part XIV the intended uses of th	e organization's end	lowme	nt fun	ds						•	
a	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	rm 990), Pa	rt X, lıne	10.			1	
	Description of investment				Cost or oth (investme		(b) Cost or (basis (oth		(c) Accum deprecia		(d) Bo	ok value
а	Land					\prod						
b	Buildings											
С	Leasehold improvements						2,34	1,709	1,	833,721		507,988
d	Equipment						14,44	1,808	12,	948,933		1,492,875
e	Other						3,10	0,521	. 3,	041,990		58,531

2,059,394

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method 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)	•	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) bescription of investment type	(B) Book value	Cost or end-of-year market value
Total (column (2) should equal term 350) talk it, cor (2) into 15)	<u>• </u>	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(4) 5 65611	p 11011	(D) Dook value
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	15)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ACCRUED POSTRETIREMENT PLAN BENEFITS	12,234,000	
DUE TO MEMBER SOCIETIES	5,327,523	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	XIV Supplemental Information		
_			

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
SUPPLEMENTAL INFORMATION		Part V - The endowment funds are for the History Center, Society of Physics Students and special programs within the Physics Resources Center at AIP Part X - AIP's accounting policy for evaluating uncertain tax positions is to recognize tax positions if they are more-likely-than-not of being ultimately realized AIP does not believe there are any unrecognized tax benefits or liabilities that should be recorded

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493290001351

OMB No 1545-0047

2010

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.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization Prican Institute of Physics Inc				Employer iden	tification number
	,				13-1667053	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organi	zation answered
1	For grantmakers. Does the	organization n	naıntaın record	Is to substantiate the	amount of the grants	or
	assistance, the grantees' elig					
	the grants or assistance?					✓ Yes
2	For grant makers. Describe in Pa United States	irt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(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 a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	East Asia and the Pacific	1	1	Program Services	LIAISON OFFICE	236,556
	North America	0	0	Grantmakıng	N/A	11,070
	Europe (Including Iceland and Greenland)	0	0	Grantmakıng	N/A	13,525
3a	Sub-total	1	. 1			261,151
	Total from continuation sheets to Part I					,
	c Totals (add lines 3a and 3b)	1	. 1			261,151

Pa	Part IV, I	ine 15, for any				nited States. Comp x if no one recipient			
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Enter total nur	mber of recipie	ent organizations lis	ted above that are	recognized as chari	ties by the foreign o	country, recognized	as	
3		,	_	·		1(c)(3) equivalency		. ▶	
								Schedule F	(Form 990) 2010

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.

Use Part V If a	dditional space is neede	ea.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL ASSISTANCE	Europe/Iceland/Greenland	1	6,827	CHECK			
-							
-							
-							
				1		<u> </u>	1

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	▽	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	V	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.

Identifier	ReturnReference	Explanation
Supplemental Information		AIP has established and follows documented Policies and
		Procedures to monitor, evaluate and review all types of Grants,
		A wards and Assistance on a regular basis
		1

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

Schedule I (Form 990)

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

OMB No 1545-0047

2010

DLN: 93493290001351

pen to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection

Name of the organization						Employer identif	ication number
A merican Institute of Physics Ir	ıc					13-1667053	
Part I General Inform	nation on Grants	and Assistance				1	
Form 990, Part I\	to award the grants of ganization's procedurer Assistance to V, line 21 for any r	or assistance? es for monitoring the us Governments and ecipient that received	e of grant funds in the Organizations in domination more than \$5,000	United States the United States Check this box if i	s. Complete if the or	ganızatıon answered	
auplicated if addi 1 (a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government		п аррпсавте	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	Of assistance
(1) CORNELL UNIVERSITY PO BOX 22 ITHACA,NY 148510022	15-0532082	501(C)(3)	10,000				Archive documents
(2) EASTERN MICHIGAN UNIVERSITYDEPT OF PHYSICS YPSILANTI,MI 48197	38-6005986	501(C)(3)	5,250				ADVISOR AWARD
(3) SCHENECTADY MUSEUM15 NOTT TERRACE HEIGHTS SCHENECTADY,NY 12308	14-1275432	501(C)(3)	9,921				ELECTRONIC CONVERSION
(4) ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO,NJ 08028	22-2764819	501(C)(3)	12,000				SPS SCHOLARSHIP
(5) UNIVERSITY OF CHICAGO6054 S DREXEL AVENUE CHICAGO,IL 60637	36-2177139	501(C)(3)	7,625				ARCHIVE DOCUMENTS
(6) George Washington UniversityPO Box 85 Washington,DC 20055	53-0196584	501(C)(3)	31,524				INTERN HOUSING

Enter total number of section 501(c)(3) and government organizations

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TRAVEL AND MEETING EXPENSES	72	31,008			
(2) SCHOLARSHIPS AND AWARDS FOR SPS MEMBERS	42	52,800			
(3) A WARDS FOR OUTSTANDING A CHIEVEMENTS	4	25,478	660	FMV	PLAQUES
(4) ORAL HISTORY INTERVIEWS AND RESEARCH PROJECTS	9	13,545			
(5) SCIENCE WRITING AWARDS	4	1,500	333	FMV	ENGRAVED CHAIR
(6) CONGRESSIONAL & US STATE DEPT FELLOWSHIPS	4	165,209			

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

Identifier Return Reference Explanation

Ident if ier	Return Reference	Explanation
Supplemental Information		AIP has established and follows documented Policies and Procedures to monitor, evaluate and review all types of Grants,
		A wards and Assistance on a regular basis

Schedule I (Form 990) 2010

DLN: 93493290001351

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

Compensation Information 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.

Open to Public Inspection

Ame	erican institute of Physics Inc	13-1667053			
Pa	rt I Questions Regarding Compensatio				
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I 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 or reimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant Form 990 of other organizations				
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only more For persons listed in form 990, Part VII, Section A, 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, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		Νo
9	If "Yes" to line 8, did the organization also follow th	ne rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) H Fred Dylla	(I) (II)	389,723 0	0	22,568 0	24,500 0	24,953 0	461,744 0	
(2) Richard Baccante	(ı) (ıı)	249,827 0	0 0	2,096 0	24,500	16,911 0	293,334 0	
(3) Theresa C Braun	(1) (11)	206,064 0	0 0	9,260 0	20,983	9,145 0	245,452	
(4) John Haynes	(1) (11)	303,316 0	103,250	13,792	24,500 0	9,625	454,483 0	
(5) Catherine O'Riordan	(1) (11)	193,058 0	0	1,740	19,483 0	2,683	216,964	
(6) Evan Owens	(I) (II)	137,590 0	37,100 0	0	0	16,344	191,034	
(7) Randolph Nanna	(I) (II)	177,214 0	0	960 0	17,766 0	9,025	204,965	
(8) William Filaski	(I) (II)	111,463 0	0	191,389	24,500 0	23,477	350,829 0	
(9) Douglas LaFrenier	(I) (II)	150,525 0	0	935	15,719 0	16,450 0	183,629	
(10) Robert Harington	(I) (II)	149,968 0	36,000 0	0	0	1,374	187,342 0	
(11) Wendy Marriott	(I) (II)	151,376 0	0	480	15,813	23,801	191,470 0	
(12) James Wonder	(I) (II)	160,326 0	1,000	480	16,662 0	23,868	202,336	
(13) Catherine Swartz	(ı) (ıı)	163,132 0	3,000	2,912	17,415 0	23,878	210,337	
(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 Reference	Explanation			
Travel for companions	Part I, Line 1a	The executive director's contract allows for spouse travel			
Tax indemnification and gross-up payments	Part I, Line 1a	Limited to certain staff for purchase of home computer			
Establish CEO compensation	,	On an annual basis AIP retains a compensation consulting firm to review the current compensation of the CEO, which includes detailed comparisons with comparably sized not-for-profit organizations. This information is reviewed by the Vice President of Human Resources and the Chair of the Governing Board of AIP. The Chair then discusses it with the Executive Committee of the Governing Board who makes the final decision on the compensation for the CEO.			
FIRST CLASS TRAVEL	Part I, Line 1a	Due to health reasons, first class travel permitted for certain staff			
Severance payments	Part I, Line 4a	The following person received severance payments during the year William Filaski - \$181,000			

Schedule J (Form 990) 2010

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization **Employer identification number** American Institute of Physics Inc 13-1667053 Part I Types of Property

1 Art—Works of art			(a) Check if applicable	(b) Number of Contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line	Method of determining o amounts		ontribut	юn
Art—Historical treasures Art—Fractional interests Books and publications Coloning and household Social property Bosts and planes . Intellectual property Securities—Publicity traded Securities—Publicity traded Securities—Publicity traded Securities—Publicity traded Securities—Publicity traded Securities—Publicity traded Qualified conservation contribution—Historic contribution—Historic tructures Real estate—Real edutal Real estate—Other Real estate—Other Real estate—Other Securities—Real edutal Real estate—Other Securities—Partines inja LLC, or trust interests Ladie one of the security in the s	1	Art—Works of art			1g				
3 Art-Frectional interests 4 Books and publications 5 Clothing and household 10004s	_								
5. Clothing and household goods 6. Cars and other vehicles . 7. Boats and planes . 8. Intellectual property . 9. Securities—Publicity traded 15. Securities—Publicity traded 15. Securities—Publicity traded 15. Securities—Partnership, LLC, or trust interests . 16. Collective—Historial structures and the structure of the									
5. Clothing and household goods 6. Cars and other vehicles . 7. Boats and planes . 8. Intellectual property . 9. Securities—Publicity traded 15. Securities—Publicity traded 15. Securities—Publicity traded 15. Securities—Partnership, LLC, or trust interests . 16. Collective—Historial structures and the structure of the	4	Books and publications							
So Cars and other vehicles . 7 Boats and planes 8 Intellectual property									
7 Boats and planes 8 Intellectual property									
Intellectual property 9 Securities—Publicity traded 1 Securities—Closely held 1 Securities—Partnership, 1 LLC, or trust interests 1 Securities—Miscellaneous 2 Qualified conservation 1 contribution—Historie 1 Structures 1 Qualified conservation 1 Contribution—Other 2 Qualified conservation 2 Qual	6	Cars and other vehicles .							
9 Securities—Publicity traded stock	7	Boats and planes							
10 Securities—Closely held stock	8	Intellectual property							
stock		-							
LLC, or trust interests . Securities—Miscellaneous	10								
Qualified conservation contribution—Historic structures	11								
contribution—Historic structures									
14 Qualified conservation contribution—Other	13	contribution—Historic							
16 Real estate—Commercial 17 Real estate—Other	14	Q ualified conservation							
17 Real estate—Other	15	Real estate—Residential .	Х	1	130,000	FMV			
18 Collectibles	16	Real estate—Commercial							
19 Food inventory	17	Real estate—Other							
Taxidermy	18	Collectibles							
21 Taxidermy	19	Food inventory							
22 Historical artifacts	20	Drugs and medical supplies							
23 Scientific specimens	21	Taxıdermy							
Archeological artifacts . 25 Other ► () 26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	22	Historical artifacts							
25 Other ► () 26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	23	Scientific specimens							
26 Other ► (24	Archeological artifacts .							
27 Other ►(25	O ther ▶ ()							
Other () Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	26	O ther ▶()							
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	27	O ther ▶()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	28	O ther ▶ ()							
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29					29			1
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?								Yes	No
for exempt purposes for the entire holding period?	30a								
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32 Yes b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,		•				d to be used			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32 Yes 33 Yes 43 Yes 43 Yes 53 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,							30a		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	b	If "Yes," describe the arrangement	ın Part I	I					
contributions?	31		·		·		31	Yes	
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	32a		hırd partı • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
	b	If "Yes," describe in Part II							
describe in Part II	33	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
		describe in Part II							

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
THIRD PARTIES OR RELATED ORGANIZATIONS	· '	Engaged a real estate broker to assist with the sale of the house

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493290001351

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (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	Employer identification number		
American Institute of Physics Inc			
	13-1667053		

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 11a		The Form 990 is prepared and review ed by the organization's independent accounting firm with assistance from AIPs senior management. The Form 990 is then review ed by the Audit Committee and then made available to all members of the Governing Board prior to filing.

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 12c		Each year a conflict of interest form is completed by all required individuals. The Secretary of AIP reviews and evaluates if there is any conflict of interest and its impact to the organization

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 15a		On an annual basis AIP retains a compensation consulting firm to review the current compensation of the CEO, which includes detailed comparisons with comparably sized not-for-profit organizations as well as selected peer scientific and engineering organizations. This information is reviewed by the Vice President of Human Resources and the Chair of the Governing Board of AIP. The Chair then discusses it with the Executive Committee of the Governing Board who make the final decision on the compensation for the CEO.

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 15b		Bi-annually AIP retains a compensation consulting firm to reveiw the current compensation of the four operating Officers. The report includes detailed comparisons with comparably sized not-for-profit organizations and selected peer scientific and engineering organizations. This information is reviewed by the Vice President of Human Resources and CEO. The CEO makes a recommendation to the Compensation Committee for approval Periodically this process is done for Key Employees and is reviewed and approved by the Management Committee. The deliberations are documented in the minutes.

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 19		AIP's website has a Governance section that includes the governing documents and conflict of interest policy. Also, on the website are annual reports that include financial highlights for AIP.

ldentifier	Return Reference	Explanation				
990 CORE PART XI, LINE 5	_	Unrealized Gain(Loss) \$11,899,594 FASB Adoption Post Retirement Plans (2,129,519) Total \$9,770,075				

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 6		AIP is a non-stock, non-profit membership corporation

ldentifier	Return Reference	Explanation
990 Core Part VI, Line 7a		Each of AIP's ten Member Societies may elect one or more members to AIP's Governing Board

DLN: 93493290001351

2010

OMB No 1545-0047

Open to Public . Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** American Institute of Physics Inc 13-1667053

Part I	Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)								
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		f the organization	answered "Yes" (on Form 990, Part	IV, line 34 becau	se it had	l one	
	(a) Name, address, and EIN of related organization	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity		Section 5	(g) 512(b)(: trolled nization				
							Yes	No	
(1) Physics C	onferences Incorporated								

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 12(b)(13 rolled uzation
						Yes	No
(1) Physics Conferences Incorporated							1
One Physics Ellipse	Conferences	DE	501(c)(3)	9	AIP		
College Park, MD 20740 52-2205188							
(2) American Center for Physics							
One Physics Ellipse	Building	MD	501(c)(3)	11b	na		
College Park, MD 20740 52-1712905							
						-	+
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y		Schedule R (Form 990)	2010

Part III		_	ole as a Partners reated as a partne	 	answered "\	Yes" on Form 990,	Part IV, lın	ne 34
		(a)			(h)	(i)	/i\	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
Down TV Television	and an of Dalat	0			Non ou Turnel (C					F	000	D T) /

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AIP Global Inc One Physics Ellipse College Park, MD20740 27-0602778	International	DE	AIP	C Corp	20,690	222,592	100 000 %

Schedule R (Form 990) 2010		Рa	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1 b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	10	Yes	\vdash
p Reimbursement paid by other organization for expenses	1р		No
q O ther transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
2 2 2 2 2 2 2			

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	(a) Method of determining amount involved
(1) American Center for Physics	J	3,392,474	
(2) American Center for Physics	n	1,151,462	
(3) AIP GLOBAL INC	К	20,668	
(4) AIP GLOBAL INC	L	25,000	
(5) AIP GLOBAL INC	0	137,790	
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	ag ing tner?
			Yes	No		Yes	No		Yes	No
									_	+
										t
										┸
										╁
										$^{+}$
										T
										_
										+
										t
										T
										\perp
										╀

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
---------------------------------	---------------------------------

Schedule R (Form 990) 2010

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

DLN: 93493290001351

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	•	See separate instructions	s. 🕨 Attach	to your tax ret	urn.		Sequence No 67
Name(s) shown on return	_	Business	or activity to w	hıch thıs form	relates	I	dentifying number
American Institute of Phys	sics Inc	GENERA	L DEPRECIATI	ON		1	3-1667053
Part I Election	To Expense (Certain Property Un	der Section	179			
Note: If y	ou have any li	isted property, comple	te Part V befo	ore you com	plete Part I.		
1 Maximum amount See	the instructions	s for a higher limit for cert	aın busınesses			1	\$ 500,000
2 Total cost of section 1	79 property plac	ced in service (see instru	ctions) .			2	
3 Threshold cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		3	\$ 2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter - 0 -			4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - (0- If married f	iling		
separately, see instruc	tions					5	
<i>6</i> (a)	Description of pi		(b) Cost (b)	usiness use	(c) Elected c		
6 (a)			on	ly)	(c) Elected c	<u> </u>	_
							-
7 Listed property Enter	the amount from			. 7			-
		erty Add amounts in colu	ımn (c). lınes 6			8	1
9 Tentative deduction E						9	
10 Carryover of disallower						10	
11 Business income limitation		•		e instructions)			
						11	
12 Section 179 expense of		,		n line 11 ·	• • •	12	
13 Carryover of disallower				. 13			
Note: Do not use Part							
		Allowance and Other				ropert I	ry) (See instructions) T
14 Special depreciation al tax year (see instruction		lified property (other than	listed property) placed in ser	vice during the	14	
15 Property subject to see	ction 168(f)(1) e	election				15	
16 Other depreciation (inc	cluding ACRS)					16	(
Part IIII MACRS De	preciation (I	Do not include listed p	property.) (Se	ee instruction	ıs.)		
		Se	ction A				
17 MACRS deductions for	assets placed ı	n service in tax years beg	gınnıng before 2	010		17	
18 If you are electing t	o group any a	issets placed in service	e during the t	ax year ınto	one or mo <u>re</u>		
general asset accou			<u> </u>	<u> </u>	▶□		
Section B-Ass	ets Placed in	Service During 201	LO Tax Year	Using the (General Dep	recia	ation System
	.	(c) Basıs for					
(a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) Conventi	on (f) Metho	ر ا ا	(g)Depreciation
property	service	use	period	(C) Convent	(I) Hethe	,	deduction
		only—see instructions)					
19a 3-year property							
b 5-year property							
c 7 - year property							
d 10-year property	ļ			ļ			
e 15-year property	ļ			-			
f 20-year property	4						
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L		
property	 		27 5 yrs	MM	S/L		
i Nonresıdentıal real property			39 yrs	M M M M	S/L S/L		
	n C—Assets Disc	ced in Service During 2010) Tay Vear Heim	1		1 Svet	em
20a Class life	c—Assets Plac	cca in service burning 2010	Z TAK TEAT USING	ine Aitemat	S/L	Jyst	CIII
b 12-year	1		12 yrs	1	S/L		
c 40-year	1		40 yrs	мм	S/L		
	· y (see instruc	itions)	,	1 1111			
21 Listed property Enter						21	
22 Total. Add amounts fro			and 20 in colum	nn (a) and line	21 Enter here	- <u>-</u>	<u> </u>
		turn Partnerships and S c				22	C
23 For assets shown above portion of the basis att	•	_	t year, enter the	23			

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) Type of property (list vehicles first) Date placed in service use percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use (see instructions) 27 Property used more than 50% in a qualified business use	g) hod/ ention 25 r," or rela mpleting th	evidence (h) Deprecia deduce	written?) ation/ tion	Yes so	(i) Elected ection 179 cost
(a) (b) Business/ Cost or other basis (e) Business/ Investment service use percentage (b) Business/ Investment service use percentage (c) Business/ Investment use only) Date placed in unvestment use only) Basis for depreciation (business/investment use only) Period Converted use only) Period Converted use only) Period Converted use only) Period Converted use only Date placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), lines 25 through 27 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner or vehicles used by a sole proprietor, partner, or other "more than 5% owner or vehicle with a service during the year (do not include commuting miles) 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (do not include used primarily by a more than 5% owner or related persons (noncommuting) miles driven during the year (do not include used primarily by a more than 5% owner or related persons (see instructions) 37 Was the vehicle available for personal use (year) Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles wend on the provide vehicles, including employees? 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, except come employees? See the instructions for vehicles used by corporate officers, directors, or 1% or	g) hod/ ention 25 25 r," or rela mpleting th	(h) Deprecia deduc	ation/ tion son for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in meestment use percentage of the percentage of t	z5 z," or rela	Deprecial deduction deduct	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rela	ated pers his section (d)	for those	:)	(f)
26 Property used more than 50% in a qualified business use	r," or rela	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use %	mpleting th	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use % % S/L - % % S/L - 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles	mpleting th	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	mpleting th	ated pers his section (d)	for those	:)	(f)
% S/L	mpleting th	ated pers his section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers his section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers his section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section in the provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section in the provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete an exception to complete an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete an exception to complete an exception C to see if you meet an exception to complete an exception B for vehicles and the property of the provide Vehicles for Use the provide of vehicles and the property of the provide Vehicles for Use the provide Vehicles of Vehicles and the provide Vehicles for Use the prov	mpleting th	ated pers his section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to co 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	mpleting th	ated pers his section (d)	for those	:)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the year (do not include commuting miles) 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	mpleting th	his section (d)	for those	:)	(f)
1	mpleting th	his section (d)	for those	:)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(e	:)	(f)
year (do not include commuting miles)	Vet	hicle 4	Vehic	le 5	
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes N
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than the prohibits personal use?					
 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 10 personal use of vehicles. 39 Do you treat all use of vehicles by employees as personal use? 					ot more t
employees?	commut	ına by v	our	Τ.,	- N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more all use of vehicles by employees as personal use?			•	Ye	es No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more all use of vehicles by employees as personal use?				<u> </u>	
40 Do you provide more than five vehicles to your employees, obtain information from your employ					
vehicles, and retain the information received?	ees abou	it the us	e of the	,	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions)				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehicle	es			
Part VI Amortization					
(b) (c) (d) (a)				(f)	
(a) Date Amortizable Code An	(e)	n	A mor	rtizatioi	n for
. I amount I section I :	nortizatioi		th	nıs year	r
42 A mortization of costs that begins during your 2010 tax year (see instructions)	ortization eriod or	1			
	nortizatioi				
	ortization eriod or				
43 A mortization of costs that began before your 2010 tax year	ortization eriod or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

Software ID: Software Version:

EIN: 13-1667053

Name: American Institute of Physics Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che	')	_	T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Louis Lanzerotti Governing Board Chair	4 0	Х		х				30,000	0	0
Barry Barish Director	1 0	х						0	0	0
Curtis G Callan Director	10	Х						0	0	0
Kate Kirby Director	1 0	×						0	0	0
Robert Byer Director	1 0	×						0	0	0
Michael Turner Director	10	Х						0	0	0
Joseph Serene	10	×						0	0	0
Director Gene Sprouse	1 0	×						0	0	0
DIRECTOR Michael Duncan	1 0	×						0	0	0
Director Janet Fender	1 0	Х						0	0	0
Director Elizabeth A Rogan	1 0	X						0	0	0
Director Paul L Kelly Director	1 0	Х						0	0	0
Anthony Atchley Director	1 0	Х						0	0	0
Mark Hamilton Director	1 0	Х						0	0	0
Charles E Schmid Director	1 0	х						0	0	0
David M Cook Director	1 0	х						0	0	0
Beth Cunningham Director	1 0	Х						0	0	0
Jill Marshall Director	1 0	Х						0	0	0
David Sokoloff Director	1 0	х						0	0	0
Charles W Carter JR Director	1 0	Х						0	0	0
Judith Flippen-Anderson Director	1 0	Х						0	0	0
G Fritz Benedict Director	1 0	Х						0	0	0
Kevin B Marvel Director	1 0	Х						0	0	0
Hervey Stockman Director	1 0	х						0	0	0
Bruce H Curran Director	10	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	Independ	ent C	ntr	act	ors					
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
J Daniel Bourland Director	1 0	х						0	0	0
Angela R Keyser Director	1 0	х						0	0	0
Morton M Denn Director	1 0	Х						0	0	0
David Aspnes Director	1 0	Х						0	0	0
Rudolf Ledeke Dırector	1 0	Х						0	0	0
James Hollenhorst Director	1 0	Х						0	0	0
Q uinton L Williams Director	1 0	Х						0	0	0
Timothy A Cohn Director	1 0	Х						0	0	0
Brian J Fraser Director	1 0	Х						0	0	0
Jaime Fucugauchi Director	1 0	Х						0	0	0
James T Kırby Jr Dırector	1 0	Х						0	0	0
William J Cook Director	1 0	Х						0	0	0
Michael McPhaden Director	1 0	Х						0	0	0
Christine McEntee Director	1 0	Х						0	0	0
H Fred Dylla Executive Director & CEO	40 0	Х		х				412,291	0	49,453
Benjamin B Snavely Corporate Secretary	13 0	Х		х				55,480	0	0
Richard Baccante Treasurer & CFO	40 0			х				251,923	0	41,411
Theresa C Braun VP Human Resources	40 0			х				215,324	0	30,128
John Haynes VP, Publishing	40 0			х				420,358	0	34,125
Catherine O'Riordan VP PHYSICS RESOURCES	40 0			х				194,798	0	22,166
Evan Owens CIO	40 0				x			174,690	0	16,344
Randolph Nanna Publisher	40 0				x			178,174	0	26,791
Douglas LaFrenier Director Pub Sales/Market Dev	40 0					х		151,460	0	32,169
Robert Harington Publisher AIP Partnerships	40 0					х		185,968	0	1,374
Wendy Marriott Dir Business Sys/O perations	40 0					х		151,856	0	39,614

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	1	tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
James Wonder Director Emerging Technology	40 0					х		161,806	0	40,530
Catherine Swartz Controller & Asst Treasurer	40 0					Х		169,044	0	41,293
William Filaski Director Publishing Technology	40 0						х	302,852	0	47,977