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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE	D Employer identification number 23-7057224
	Doing Business As AAPM	E Telephone number (301) 209-3350
	Number and street (or P O box if mail is not delivered to street address) ONE PHYSICS ELLIPSE	Room/suite
	City or town, state or country, and ZIP + 4 COLLEGE PARK, MD 20740	
	F Name and address of principal officer ANGELA KEYSER ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
H(c) Group exemption number ▶		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.AAPM.ORG		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1965
		M State of legal domicile DC

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE IS TO ADVANCE THE SCIENCE, EDUCATION AND PROFESSIONAL PRACTICE OF MEDICAL PHYSICS																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>38</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>38</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>26</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,043</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>1,132,515</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>194,561</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	38	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	26	6 Total number of volunteers (estimate if necessary)	6	1,043	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,132,515	b Net unrelated business taxable income from Form 990-T, line 34	7b	194,561						
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Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-07-14 Date			
	ANGELA KEYSER EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ RSM MCGLADREY INC				Firm's EIN ▶
	Firm's address ▶ 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205				Phone no ▶ (703) 336-6400

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

Part III

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

THE MISSION OF THE AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE IS TO ADVANCE THE SCIENCE, EDUCATION AND PROFESSIONAL PRACTICE OF MEDICAL PHYSICS THE MISSION IS CARRIED OUT THROUGH THE PROMOTION OF THE HIGHEST QUALITY MEDICAL PHYSICS SERVICES FOR PATIENTS, ENCOURAGING RESEARCH AND DEVELOPMENT TO ADVANCE THE PROFESSION, DISSEMINATING SCIENTIFIC AND TECHNICAL INFORMATION ON THE DISCIPLINE, FOSTERING THE EDUCATION AND PROFESSIONAL DEVELOPMENT OF MEDICAL PHYSICISTS, SUPPORTING THE MEDICAL PHYSICS EDUCATION OF PHYSICIANS AND OTHER MEDICAL PROFESSIONALS, AND PROMOTING STANDARDS FOR THE PRACTICE OF MEDICAL PHYSICS

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?

If "Yes," describe these changes on Schedule O

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

4a

(Code) (Expenses \$ 1,931,215 including grants of \$) (Revenue \$ 2,620,071)

EDUCATION AND PROFESSIONAL DEVELOPMENT A SCIENTIFIC MEETING IS HELD EACH YEAR TO ALLOW MEMBERS TO PRESENT THE RESULTS OF THEIR LATEST RESEARCH ATTENDANCE IS APPROXIMATELY 3,000 IN ADDITION TO THE SCIENTIFIC SESSIONS, VARIOUS OTHER EDUCATIONAL AND PROFESSIONAL DEVELOPMENT ACTIVITIES TAKE PLACE AN ANNUAL SEMINAR, CALLED THE SUMMER SCHOOL, IS PRESENTED ANNUALLY AND GENERALLY IS A DETAILED SEMINAR ON ONE SPECIFIC TOPIC RELEVANT TO THE CURRENT STATUS OF THE PROFESSION

4b

(Code) (Expenses \$ 1,748,453 including grants of \$ 388,552) (Revenue \$)

COUNCIL ACTIVITIES PROFESSIONAL, EDUCATIONAL AND SCIENTIFIC COUNCIL OVERSEE THE VARIOUS PROGRAM AREAS OF THE SOCIETY THE EDUCATION COUNCIL OVERSEES THE EDUCATIONAL PROGRAMS OFFERED BY THE SOCIETY AND MONITORS AND FACILITATES THE EDUCATION AND TRAINING OF MEDICAL PHYSICISTS THE PROFESSIONAL COUNCIL ADDRESSES THE PROFESSIONAL CONCERNS OF THE MEMBERSHIP AND THE MEDICAL PROFESSION THE SCIENCE COUNCIL EXAMINES SPECIFIC AREAS OF MEDICAL PHYSICS TO DETERMINE ADVANCEMENT MECHANISMS, ADDRESSES SPECIFIC QUESTIONS AND COLLATES AND ASSESSES DATA AN ADMINISTRATIVE COUNCIL OVERSEES A NUMBER OF COMMITTEES RESPONSIBLE FOR THE SOCIETY'S AWARDS PROGRAMS, THE ACTIVITIES OF REGIONAL CHAPTERS WHICH PROVIDE EDUCATION AND TRAINING FOR MEMBERS ON THE LOCAL LEVEL, AND SERVES AS A CONDUIT BETWEEN THE VOLUNTEER WORK OF THESE COMMITTEES AND THE BOARD OF DIRECTORS

4c

(Code) (Expenses \$ 1,363,295 including grants of \$) (Revenue \$ 2,319,963)

SCIENTIFIC PUBLICATIONS AAPM PUBLISHES A SCIENTIFIC JOURNAL ENTITLED JOURNAL OF MEDICAL PHYSICS, WHICH IS SENT TO ALL MEMBERS IT IS THE PREMIER JOURNAL FOR THE MEDICAL PHYSICS PROFESSION AND CONTAINS SCIENTIFIC PAPERS DESCRIBING CURRENT RESEARCH IN THE FIELD IN BOTH DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR TREATING DISEASE, PRIMARILY CANCERS

4d

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

(Expenses \$ 1,593,794 including grants of \$) (Revenue \$ 1,831,967)

4e

Total program service expenses \$ 6,636,757

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

4d. Other program services				
(Code	)	(Expenses \$	1,183,782	including grants of \$ (Revenue \$ 1,831,967)
MEMBERSHIP SERVICES AAPM PARTICIPATES IN THE CREATION AND DISTRIBUTION OF INFORMATION TO THE PUBLIC THROUGH BROCHURES INFORMATION IS PUBLISHED THROUGH INTERNET SERVICES, AND THROUGH A NEWSLETTER PUBLISHED BI-MONTHLY AND MADE AVAILABLE BOTH IN PRINT AND ONLINE TO MEMBERS				
(Code	)	(Expenses \$	410,012	including grants of \$ (Revenue \$)
OTHER PROGRAMS				

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
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	No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	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
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e 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 Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
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	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	23
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	26
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	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
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	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 Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
8			
9 Sponsoring organizations maintaining donor advised funds.			
a	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	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b38		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶MD
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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANGELA R KEYSER CO AAPM ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740 (301) 209-3350

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARYELLEN GIGER CHAIR OF BOARD	1 00	X		X				0	0	0
(2) MICHAEL HERMAN PRESIDENT	1 00	X		X				0	0	0
(3) J ANTHONY SEIBERT PRESIDENT-ELECT	1 00	X		X				0	0	0
(4) JANELLE MOLLOY TREASURER	1 00	X		X				0	0	0
(5) JOHN GIBBONS SECRETARY	1 00	X		X				0	0	0
(6) NZHDE AGAZARYAN BOARD MEMBER	1 00	X						0	0	0
(7) JERRY ALLISON for PARLIAMENTARIAN	1 00	X						0	0	0
(8) JOHN ANTOLAK BOARD MEMBER	1 00	X						0	0	0
(9) J ED BARNES BOARD MEMBER	1 00	X						0	0	0
(10) JOHN BAYOUTH BOARD MEMBER	1 00	X						0	0	0
(11) J DOUGLAS BENNETT BOARD MEMBER	1 00	X						0	0	0
(12) JOHN BOONE BOARD MEMBER	1 00	X						0	0	0
(13) J DANIEL BOURLAND BOARD MEMBER	1 00	X						0	0	0
(14) IVAN BREZOVICH BOARD MEMBER	1 00	X						0	0	0
(15) JANICE CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(16) BRUCE CURRAN BOARD MEMBER	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) INDRA DAS BOARD MEMBER	1 00	X						0	0	0
(18) GEORGE DASKALOV BOARD MEMBER	1 00	X						0	0	0
(19) MARK DAVIDSON BOARD MEMBER	1 00	X						0	0	0
(20) NESRIN DOGAN BOARD MEMBER	1 00	X						0	0	0
(21) HOWARD ELSON BOARD MEMBER	1 00	X						0	0	0
(22) GARY EZZELL BOARD MEMBER	1 00	X						0	0	0
(23) KEVIN FALLON BOARD MEMBER	1 00	X						0	0	0
(24) JEFFREY GARRETT BOARD MEMBER	1 00	X						0	0	0
(25) JAMES GOODWIN BOARD MEMBER	1 00	X						0	0	0
(26) PER HALVORSEN BOARD MEMBER	1 00	X						0	0	0
(27) JOSEPH HANLEY BOARD MEMBER	1 00	X						0	0	0
(28) JOSEPH HELLMAN BOARD MEMBER	1 00	X						0	0	0
(29) ERIC HENDEE BOARD MEMBER	1 00	X						0	0	0
(30) DONALD HESS BOARD MEMBER	1 00	X						0	0	0
(31) EDWARD JACKSON BOARD MEMBER	1 00	X						0	0	0
(32) STEVEN JONES BOARD MEMBER	1 00	X						0	0	0
(33) JOERG LEHMANN BOARD MEMBER	1 00	X						0	0	0
(34) EUGENE LIEF BOARD MEMBER	1 00	X						0	0	0
(35) CHANG MING CHARLIE MA BOARD MEMBER	1 00	X						0	0	0
(36) MELISSA CAROL MARTIN BOARD MEMBER	1 00	X						0	0	0
(37) MARY ELLEN MASTERSON-MCGARY BOARD MEMBER	1 00	X						0	0	0
(38) SANFORD MEEKS BOARD MEMBER	1 00	X						0	0	0
(39) JEAN MORAN BOARD MEMBER	1 00	X						0	0	0
(40) DOUGLAS PFEIFFER BOARD MEMBER	1 00	X						0	0	0
(41) ROBERT PRICE BOARD MEMBER	1 00	X						0	0	0
(42) DHARANIPATHY RANGARAJ BOARD MEMBER	1 00	X						0	0	0
(43) RICHARD RILEY BOARD MEMBER	1 00	X						0	0	0
(44) MARK RIVARD BOARD MEMBER	1 00	X						0	0	0
(45) STEPHEN RUDIN BOARD MEMBER	1 00	X						0	0	0
(46) BETH SCHUELER BOARD MEMBER	1 00	X						0	0	0
(47) MARK SEDDON BOARD MEMBER	1 00	X						0	0	0
(48) GEORGE STARKSCHALL BOARD MEMBER	1 00	X						0	0	0
(49) ROBIN STERN BOARD MEMBER	1 00	X						0	0	0
(50) RUSSELL TARVER BOARD MEMBER	1 00	X						0	0	0
(51) MARTIN WEINHOUS BOARD MEMBER	1 00	X						0	0	0
(52) JOHN WONG BOARD MEMBER	1 00	X						0	0	0
(53) RAYMOND WU BOARD MEMBER	1 00	X						0	0	0
(54) YING XIAO BOARD MEMBER	1 00	X						0	0	0
(55) ERIC ZICKGRAF BOARD MEMBER	1 00	X						0	0	0
(56) ANGELA R KEYSER EXECUTIVE DIRECTOR	38 00	X		X				241,257	0	37,634
(57) CECILIA HUNTER DIRECTOR FINANCE ADMINISTR	38 00			X				131,201	0	17,696
(58) LYNNE FAIROBENT GOVT RLTNS MGR	38 00					X		126,297	0	24,654
(59) MICHAEL E WOODWARD DIRECTOR OF IS	38 00					X		135,954	0	24,957
(60) LISA ROSA SULLIVAN DIR OF MEETING & PROGRAMS	38 00					X		116,854	0	23,056
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								751,563	0	127,997

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

5

		3	
		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN INSTITUTE OF PHYSICS ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740	PUBLISHING SERVICES	1,386,926
BEVAN MOSCA GIUDITTA & ZARILLO 222 MT AIRY RD BASKING RIDGE, NJ 07920	LEGAL SERVICES	349,049
PROJECTION PRESENTATION TECHNOLOGY 8351 BRISTOL COURT JESSUP, MD 20794	MEETING & EVENT SERVICES	212,176
ARAMARK CONVENTION CTR PA CONV CTR 1101 ARCH ST PHILADELPHIA, PA 19107	MEETING & EVENT SERVICES	205,076
ARAMARKSFS PA CONV CTR ONE CONV CTR PLACE PHILADELPHIA, PA 19107	MEETING & EVENT SERVICES	118,440

2

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

8

Additional Data

Software ID:

Software Version:

EIN: 23-7057224

Name: AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARYELLEN GIGER CHAIR OF BOARD	1 00	X		X				0	0	0	
MICHAEL HERMAN PRESIDENT	1 00	X		X				0	0	0	
J ANTHONY SEIBERT PRESIDENT-ELECT	1 00	X		X				0	0	0	
JANELLE MOLLOY TREASURER	1 00	X		X				0	0	0	
JOHN GIBBONS SECRETARY	1 00	X		X				0	0	0	
NZHDE AGAZARYAN BOARD MEMBER	1 00	X						0	0	0	
JERRY ALLISON PARLIAMENTARIAN	1 00	X						0	0	0	
JOHN ANTOLAK BOARD MEMBER	1 00	X						0	0	0	
J ED BARNES BOARD MEMBER	1 00	X						0	0	0	
JOHN BAYOUTH BOARD MEMBER	1 00	X						0	0	0	
J DOUGLAS BENNETT BOARD MEMBER	1 00	X						0	0	0	
JOHN BOONE BOARD MEMBER	1 00	X						0	0	0	
J DANIEL BOURLAND BOARD MEMBER	1 00	X						0	0	0	
IVAN BREZOVICH BOARD MEMBER	1 00	X						0	0	0	
JANICE CAMPBELL BOARD MEMBER	1 00	X						0	0	0	
BRUCE CURRAN BOARD MEMBER	1 00	X						0	0	0	
INDRA DAS BOARD MEMBER	1 00	X						0	0	0	
GEORGE DASKALOV BOARD MEMBER	1 00	X						0	0	0	
MARK DAVIDSON BOARD MEMBER	1 00	X						0	0	0	
NESRIN DOGAN BOARD MEMBER	1 00	X						0	0	0	
HOWARD ELSON BOARD MEMBER	1 00	X						0	0	0	
GARY EZZELL BOARD MEMBER	1 00	X						0	0	0	
KEVIN FALLON BOARD MEMBER	1 00	X						0	0	0	
JEFFREY GARRETT BOARD MEMBER	1 00	X						0	0	0	
JAMES GOODWIN BOARD MEMBER	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
PER HALVORSEN BOARD MEMBER	1 00	X						0	0	0	
JOSEPH HANLEY BOARD MEMBER	1 00	X						0	0	0	
JOSEPH HELLMAN BOARD MEMBER	1 00	X						0	0	0	
ERIC HENDEE BOARD MEMBER	1 00	X						0	0	0	
DONALD HESS BOARD MEMBER	1 00	X						0	0	0	
EDWARD JACKSON BOARD MEMBER	1 00	X						0	0	0	
STEVEN JONES BOARD MEMBER	1 00	X						0	0	0	
JOERG LEHMANN BOARD MEMBER	1 00	X						0	0	0	
EUGENE LIEF BOARD MEMBER	1 00	X						0	0	0	
CHANG MING CHARLIE MA BOARD MEMBER	1 00	X						0	0	0	
MELISSA CAROL MARTIN BOARD MEMBER	1 00	X						0	0	0	
MARY ELLEN MASTERSON-MCGARY BOARD MEMBER	1 00	X						0	0	0	
SANFORD MEEKS BOARD MEMBER	1 00	X						0	0	0	
JEAN MORAN BOARD MEMBER	1 00	X						0	0	0	
DOUGLAS PFEIFFER BOARD MEMBER	1 00	X						0	0	0	
ROBERT PRICE BOARD MEMBER	1 00	X						0	0	0	
DHARANIPATHY RANGARAJ BOARD MEMBER	1 00	X						0	0	0	
RICHARD RILEY BOARD MEMBER	1 00	X						0	0	0	
MARK RIVARD BOARD MEMBER	1 00	X						0	0	0	
STEPHEN RUDIN BOARD MEMBER	1 00	X						0	0	0	
BETH SCHUELER BOARD MEMBER	1 00	X						0	0	0	
MARK SEDDON BOARD MEMBER	1 00	X						0	0	0	
GEORGE STARKSCHALL BOARD MEMBER	1 00	X						0	0	0	
ROBIN STERN BOARD MEMBER	1 00	X						0	0	0	
RUSSELL TARVER BOARD MEMBER	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN WEINHOUS BOARD MEMBER	1 00	X						0	0	0
JOHN WONG BOARD MEMBER	1 00	X						0	0	0
RAYMOND WU BOARD MEMBER	1 00	X						0	0	0
YING XIAO BOARD MEMBER	1 00	X						0	0	0
ERIC ZICKGRAF BOARD MEMBER	1 00	X						0	0	0
ANGELA R KEYSER EXECUTIVE DIRECTOR	38 00	X		X				241,257	0	37,634
CECILIA HUNTER DIRECTOR FINANCE ADMINISTR	38 00			X				131,201	0	17,696
LYNNE FAIROBENT GOVT RLTNS MGR	38 00					X		126,297	0	24,654
MICHAEL E WOODWARD DIRECTOR OF IS	38 00					X		135,954	0	24,957
LISA ROSA SULLIVAN DIR OF MEETING & PROGRAMS	38 00					X		116,854	0	23,056

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	422,073				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	422,073				
	Program Service Revenue	2a	Business Code				
		EDUCATIONAL ACTIVITIES 900099	2,620,071	2,620,071			
b		PUBLISHING ACTIVITIES 541800	2,036,123	1,098,398	937,725		
c		DUES 900099	1,784,867	1,784,867			
d		PLACEMENT BULLETIN 900099	283,840			283,840	
e		MEMBER SERVICES 561300	47,100		47,100		
f		All other program service revenue					
g		Total. Add lines 2a-2f	6,772,001				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)				
			244,434			244,434	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties	72,169			72,169	
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			5,328,831				
		b	Less cost or other basis and sales expenses	5,328,831			
		c	Gain or (loss)	0			
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		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 a						
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	SERVICES INCOME	812900	147,690		147,690		
	b	OTHER INCOME	900099	82,822		82,822	
	c	SALES OF LISTS	900099	16,878		16,878	
	d	All other revenue					
e	Total. Add lines 11a-11d		247,390				
12	Total revenue. See Instructions		7,758,067	5,503,336	1,132,515	700,143	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	97,000	97,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	291,552	291,552		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	430,876		430,876	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,501,231		1,501,231	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	142,673		142,673	
9	Other employee benefits	318,523		318,523	
10	Payroll taxes	124,973		124,973	
a	Fees for services (non-employees) Management				
b	Legal	317,839	317,839		
c	Accounting	43,655	43,655		
d	Lobbying	33,100	33,100		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,230,825	1,227,122	3,703	
12	Advertising and promotion				
13	Office expenses	781,434	728,813	52,621	
14	Information technology				
15	Royalties				
16	Occupancy	282,467	62,382	220,085	
17	Travel	403,895	402,961	934	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	774,046	766,407	7,639	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,992		124,992	
23	Insurance	70,813	35,884	34,929	
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)				
a	PRINTINGS & PUBLICATION	247,968	244,504	3,464	
b	TEMPORARY LABOR	136,405	136,405		
c	DUES AND SUBSCRIPTIONS	109,113	106,509	2,604	
d	UBIT TAXES	63,383	63,383		
e	AAPM OVERHEAD	0	2,014,596	-2,014,596	
f	All other expenses	80,869	64,645	16,224	
25	Total functional expenses. Add lines 1 through 24f	7,607,632	6,636,757	970,875	0
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
Assets	1	Cash—non-interest-bearing			100	1	100
	2	Savings and temporary cash investments			496,114	2	870,718
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			475,896	4	368,741
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	592
	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). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			299,084	9	282,440
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	1,041,757			
	b	Less: accumulated depreciation	10b	946,693	174,286	10c	95,064
	11	Investments—publicly traded securities			10,062,370	11	11,388,611
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			11,507,850	16	13,006,266	
Liabilities	17	Accounts payable and accrued expenses			989,240	17	1,650,178
	18	Grants payable				18	
	19	Deferred revenue			1,462,409	19	1,524,829
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			61,983	25	20,571
	26	Total liabilities. Add lines 17 through 25			2,513,632	26	3,195,578
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			8,139,192	27	8,819,334
	28	Temporarily restricted net assets			805,475	28	938,823
	29	Permanently restricted net assets			49,551	29	52,531
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			8,994,218	33	9,810,688
34	Total liabilities and net assets/fund balances			11,507,850	34	13,006,266	

Part XI Reconciliation of Net Assets

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	7,758,067
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,607,632
3	Revenue less expenses Subtract line 2 from line 1	3	150,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,994,218
5	Other changes in net assets or fund balances (explain in Schedule O)	5	666,035
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	9,810,688

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

Employer identification number
23-7057224

Part I

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

The organization is not a private foundation because it is (For lines 1 through 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)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			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.)

Section A. Public Support						
Calendar 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar 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.")	1,351,959	1,443,440	1,745,050	1,830,640	2,206,940	8,578,029
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,742,956	4,203,459	4,028,649	3,950,576	5,787,176	21,712,816
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,094,915	5,646,899	5,773,699	5,781,216	7,994,116	30,290,845
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						30,290,845

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,094,915	5,646,899	5,773,699	5,781,216	7,994,116	30,290,845
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400,903	586,111	94,711	83,933	316,603	1,482,261
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	400,903	586,111	94,711	83,933	316,603	1,482,261
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	264,328	455,084	133,811	85,828		939,051
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	147,721	174,046	278,379	252,250	99,700	952,096
13 Total support (Add lines 9, 10c, 11 and 12.)	5,907,867	6,862,140	6,280,600	6,203,227	8,410,419	33,664,253
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	89.980 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	88.540 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	4.400 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	4.750 %
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 ▶		
b 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 ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE	Employer identification number 23-7057224
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		863													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		33,100													
c Total lobbying expenditures (add lines 1a and 1b)		33,963													
d Other exempt purpose expenditures		7,573,669													
e Total exempt purpose expenditures (add lines 1c and 1d)		7,607,632													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		530,382													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		132,596													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	454,851	529,293	534,867	530,382	2,049,393
b Lobbying ceiling amount (150% of line 2a, column(e))					3,074,090
c Total lobbying expenditures	1,861	7,504	43,469	33,963	86,797
d Grassroots non-taxable amount	121,460	132,323	133,717	132,596	520,096
e Grassroots ceiling amount (150% of line 2d, column (e))					780,144
f Grassroots lobbying expenditures	1,861	7,504	1,000	863	11,228

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)).

		(a)		(b)
		Yes	No	Amount
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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	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?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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
------------	------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

Employer identification number
23-7057224

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	71,118	39,215	34,992		
b Contributions	2,980	21,345	100		
c Investment earnings or losses	3,262	12,074	4,123		
d Grants or scholarships	1,861				
e Other expenditures for facilities and programs		1,516			
f Administrative expenses					
g End of year balance	75,499	71,118	39,215		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 69 580 %

c

Term endowment ▶ 30 420 %

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		387,333	381,732	5,601
d Equipment		455,545	387,333	68,212
e Other		198,879	177,628	21,251
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				95,064

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	17,758,067
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,607,632
3	Excess or (deficit) for the year Subtract line 2 from line 1	3150,435
4	Net unrealized gains (losses) on investments	4713,112
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-47,077
9	Total adjustments (net) Add lines 4 - 8	9666,035
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10816,470

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	18,471,179
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a713,112	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e713,112
3	Subtract line 2e from line 1	37,758,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	57,758,067

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	17,607,632
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e0
3	Subtract line 2e from line 1	37,607,632
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	57,607,632

Part XIVSupplemental 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE IN INVESTMENT ACCOUNTS FOLLOWING BOARD-ESTABLISHED INVESTMENT GUIDELINES AND OVERSEEN BY AN INVESTMENT ADVISORY COMMITTEE, A PAID INVESTMENT MANAGER AND HELD BY CHARLES SCHWAB & CO IN VARIOUS MUTUAL FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ASSOCIATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. UNDER CURRENT INTERNAL REVENUE SERVICE (IRS) REGULATIONS, ADVERTISING AND MANAGEMENT FEE REVENUE EARNED IS SUBJECT TO UNRELATED BUSINESS INCOME TAX. FOR THE YEAR ENDED DECEMBER 31, 2010, THE ASSOCIATION HAD NET UNRELATED BUSINESS INCOME OF APPROXIMATELY \$320,513. THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. THE ASSOCIATION HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2010. GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX POSITIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.
PART XI, LINE 8 - OTHER ADJUSTMENTS		FL CHAPTER INCLUDED IN PY NET ASSETS -47,077

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
23-7057224

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STANFORD UNIVERSITYOFFICE OF DEVELOPMENT STANDFORD,CA 94305	94-1156365	501(C)(3)	25,000				RESEARCH GRANT
(2) UNIVERSITY OF WISCONSIN1111 HIGHLAND AVENUE RM B1002 WIMR MADISON,WI 53705	39-1805963	501(C)(3)	18,000				GRADUATE FELLOWSHIP
(3) UNIVERSITY OF TEXAS HEALTH SCIENCES CENTER7703 FLOYD CURL DRIVE SAN ANTONIO,TX 78284	74-1586031	501(C)(3)	18,000				GRADUATE FELLOWSHIP
(4) UT MD ANDERSON CANCER CENTER1515 HOLCOMBE BLVD - UNIT 56 HOUSTON,TX 77030	74-6001118	501(C)(3)	18,000				PROGRAM SUPPORT

2

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

4

3

Enter total number of other organizations

0

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) AWARDS/SCHOLARSHIP	32	291,552			

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE AWARDED FOR SPECIFIC PREDETERMINED PURPOSES AND ARE DIRECTED TO INSTITUTIONS TO COVER SPECIFIC COSTS PER AAPM POLICY THE INSTITUION IS NOT PERMITTED TO DEDUCT OR CHARGE ANY PART OF THE AWARD FOR ADMINISTRATIVE COSTS (INDIRECT OR OVERHEAD EXPENSES) A SPECIFICALLY CHARGED COMMITTEE DETERMINES AWARD RECIPIENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

Employer identification number

23-7057224

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANGELA R KEYSER	(i) (ii)	215,924 0	22,213 0	3,120 0	24,438 0	15,030 0	280,725 0	 0
(2) LYNNE FAIROBENT	(i) (ii)	123,597 0	0 0	2,700 0	13,044 0	12,969 0	152,310 0	 0
(3) MICHAEL E WOODWARD	(i) (ii)	133,254 0	0 0	2,700 0	13,646 0	12,613 0	162,213 0	 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(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.

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

Employer identification number
23-7057224

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL WOODWARD COMPUTER PURCHASES FOR EMPLOYEES		X	666	592		No	Yes		Yes	
Total ▶	\$ 592									

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE	Employer identification number 23-7057224
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION HAS MADE THE FOLLOWING CHANGES ON ITS GOVERNANCE DOCUMENTS - RULES - REVISION OF RULES PERTAINING TO APPOINTMENT OF COMMITTEE MEMBERS AND THEIR TERMS OF OFFICE - DELETION OF THE POSITION OF INSURANCE COORDINATOR AND NECESSARY CHANGES TO ALL RULES CONTAINING REFERENCE TO SUCH POSITION -CHANGES IN THE MEMBERSHIP OF THE PROFESSIONAL COUNCIL -CHANGES TO THE RULES TO ACCOUNT FOR CREATION OF AN ADMINISTRATIVE COUNCIL AND RE- ORGANIZATION OF THE COMMITTEES REPORTING TO IT -CHANGES TO THE RULES REGARDING QUALIFICATIONS FOR FELLOWSHIP -CHANGE TO THE RULES ALLOWING COMMITTEE MEETINGS VIA TELECONFERENCE -CHANGE TO THE RULES GOVERNING THE ACTIVITIES OF THE ONLINE CONTINUING EDUCATION PROGRAM BY-LAWS -CHANGES TO THE MAKEUP OF STANDING COMMITTEES -CHANGES TO COUNCIL STRUCTURE TO ADD THE ADMINISTRATIVE COUNCIL AND RE-ORGANIZE THE COMMITTEE REPORTING STRUCTURE RESULTING THEREFROM -CHANGE TO THE BY LAWS AFFECTION MEMBERSHIP ON THE PROFESSIONAL COUNCIL -CHANGE REGARDING APPOINTMENTS TO COMMITTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS VARIOUS MEMBERSHIPS SUCH AS, FULL, CORRESPONDING, INTERNATIONAL AFFILIATE, JUNIOR, ASSOCIATE, STUDENT, AND EMERITUS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS OF THE ASSOCIATION WILL BE PROVIDED WITH BALLOTS AND BIOGRAPHICAL INFORMATION, PREPARED BY THE NOMINATING COMMITTEE FOR THE ANNUAL GENERAL ELECTION, ON ALL NOMINEES AT LEAST TWO MONTHS PRIOR TO THE ANNUAL BUSINESS MEETING TO MEMBERS AND EMERITUS MEMBERS INSTRUCTIONS SHALL ACCOMPANY THE BALLOTS AND BIOGRAPHICAL INFORMATION THE METHOD OF BALLOTING SHALL BE AS DESCRIBED IN A CURRENT ADMINISTRATIVE POLICY DOCUMENT THAT HAS BEEN APPROVED BY THE BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		PROPOSED AMENDMENTS TO THE BY-LAWS WILL ARE PROVIDED TO MEMBERS AND EMERITUS MEMBERS, STATEMENTS OF THE BOARD ON SUCH AMENDMENTS, AND ARGUMENTS FOR AND AGAINST SUCH AMENDMENTS EXPRESSED AT THE ANNUAL BUSINESS MEETING FOR THE PURPOSE OF CONDUCTING A VOTE FOR THE ADOPTION OR REJECTION OF SUCH AMENDMENTS AMENDMENTS MAY BE PROPOSED AND ACTED ON AT ANY BOARD MEETING AMENDMENTS MAY ALSO BE PROPOSED BY MAIL OR THROUGH ELECTRONIC MEANS OF COMMUNICATION TO THE BOARD THROUGH THE SECRETARY WHO SHALL FIRST REVIEW THEM WITH THE RULES COMMITTEE AMENDMENTS MAY BE PROPOSED BY ANY BOARD MEMBER, EDITOR, CHAIR, AIP REPRESENTATIVE OR APPOINTED REPRESENTATIVE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THEN POSTED TO THE AAPM WEB SITE FOR REVIEW BY THE FULL BOARD OF DIRECTORS PRIOR TO SUBMISSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AAPM HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS BAKED INTO THE CULTURE OF THE ORGANIZATION WITH EVERY MEMBER OF THE ASSOCIATION AND EMPLOYEES INFORMED ON AN ONGOING BASIS OF THE CONFLICT OF INTEREST POLICIES ALL INDIVIDUALS SELECTED FOR SERVICE TO THE ASSOCIATION ARE REQUIRED TO COMPLETE A "POTENTIAL SOURCES OF CONFLICT OF INTEREST" STATEMENT PRIOR TO ASSUMING THEIR DUTIES, LISTING RELEVANT CONNECTIONS AND INTEREST THIS STATEMENT IS MADE AVAILABLE TO MEMBERS OF THE ASSOCIATION EACH YEAR THE EMPLOYEES ARE REQUIRED TO READ AND SIGN THE EXISTING CONFLICT OF INTEREST POLICY AND ANY UPDATES THAT HAVE BEEN MADE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE SUB-COMMITTEE ON AAPM COMPENSATION PRACTICES IS REQUIRED EACH YEAR TO EXAMINE THE CURRENT AAPM SALARY PROGRAM COVERING ALL HEADQUARTERS STAFF AND TO MAKE RECOMMENDATIONS REGARDING THE SALARY STRUCTURE AND STAFF LEVELS. IN ADDITION, THE SUB-COMMITTEE IS TO ADVISE THE EXECUTIVE COMMITTEE ON MATTERS INVOLVING JOB PERFORMANCE EVALUATION AND COMPENSATION POLICY. THE EXECUTIVE DIRECTOR OR THE APPROPRIATE SUPERVISOR IS TO CONDUCT A PERFORMANCE EVALUATION FOR EACH HEADQUARTERS STAFF EMPLOYEE AT LEAST ANNUALLY. IN THE CASE OF A NEW EMPLOYEE, AN ADDITIONAL EVALUATION WILL TAKE PLACE UPON COMPLETION OF A PROBATIONARY PERIOD USUALLY SIX MONTHS AFTER THE DATE OF EMPLOYMENT OR AS AGREED TO BY THE EXECUTIVE DIRECTOR AND THE NEW EMPLOYEE. THESE EVALUATIONS ARE TO BE RECORDED AND BE AVAILABLE TO THE EXECUTIVE COMMITTEE FOR REVIEW, IF DESIRED. IF PERFORMANCE IS BELOW STANDARD, A CORRECTIVE INTERVIEW MUST BE HELD AS SOON AS POSSIBLE. THE EXECUTIVE COMMITTEE FUNCTIONS AS A PERFORMANCE REVIEW COMMITTEE CHARGED WITH ANNUALLY REVIEWING AND SETTING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THIS REVIEW WILL TAKE PLACE AT THE LAST MEETING OF THE YEAR OF THE AAPM BOARD OF DIRECTORS. THE CURRENT PRESIDENT WILL COMMUNICATE TO THE EXECUTIVE DIRECTOR THE RESULTS OF THE PERFORMANCE REVIEW AND THE COMPENSATION STATUS FOR THE COMING YEAR. THE TREASURER IS RESPONSIBLE FOR COMMUNICATING THE EXECUTIVE DIRECTOR'S SALARY TO THE HUMAN RESOURCES DIRECTOR'S OFFICE AT AIP.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 713,112 FL CHAPTER INCLUDED IN PY NET ASSETS -47,077 TOTAL TO FORM 990, PART XI, LINE 5 666,035

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
THE NUMBER OF VOLUNTEERS	FORM 990, PART I, LINE 6	AAPM MAINTAINS A DATA BASE OF ALL VOLUNTEER ASSIGNMENTS ON COMMITTEES, TASK GROUPS, ETC

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

Employer identification number
23-7057224

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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN COLLEGE OF MEDICAL PHYSICS ONE PHYSICS ELLIPSE COLLEGE PARK, MD 207403846 57-0824583	EDUCATION	MD	501(C)(6)		N/A		No
(2) COMMISSION ON ACCREDITATION OF MEDICAL PHYSICS EDUCATION PROGRAMS ONE PHYSICS ELLIPSE COLLEGE PARK, MD 207403846 54-1748225	EDUCATION	MD	501(C)(3)	9	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF MEDICAL PHYSICS	K	71,600	CASH
(2) COMMISSION ON ACCREDITATION OF MEDICAL PHYSICS EDUCATION PROGRAMS	K	73,550	CASH
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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