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DLN: 93493121014014

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form

generally cannot redact the information on the form
► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

		2013 ca applicable	C Name of organization	g 01-01-2013 , 2013, and ending 12	-31-2013	D Emplo	yer iden	tification number
		change	Doing Business As			13-16	556610	
	me cha	_	boiling business vib					
∏ Inıt	tıal retı	urn		all is not delivered to street address) Room/	suite	E Teleph	one numb	er
	rmınate		One Physics Ellipse			(301)	209-32	210
		l return	City or town, state or province, cour College Park, MD 207403844	ntry, and ZIP or foreign postal code		(= = -/		
Apı	plicatio	n pending				G Gross	receipts \$	74,816,981
			F Name and address of prin Kate P Kirby	icipal officer		s this a group		
			A merican Physical Society		S	ubordinates?		Γ Yes Γ No
			One Physics Ellipse College Park, MD 20740			re all subord	ınates	┌ Yes ┌ No
T Ta	Y-6Y61	mpt status		insert no)		ncluded? f "No " attack	aliet (see instructions)
		<u> </u>		misert no) 4947(a)(1) 01 527	-	i NO, attaci	iansi (see mstructions;
) W	ebsit	: e: ► ap	s org		H(c)	Group exempt	tion num	ber ►
		_	Corporation Trust Association	n Other 🕨	L Year	of formation 19	914 M 9	State of legal domicile DC
Pa	rt I	Sun	nmary					
Governance		The Am		icational and scientific organization w pership association which publishes p				
Gover	2	Check t	his box 🔭 if the organization dis	scontinued its operations or disposed	d of more th	an 25% of its	net ass	ets
Activities &	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			з	39
ĕ			-	of the governing body (Part VI, line 1			4	36
}				calendar year 2013 (Part V, line 2a)			5	249
₫	6	Total nu	ımber of volunteers (estımate ıf n	ecessary)			6	800
	1			art VIII, column (C), line 12			7a	46,987
	b	Net unr	elated business taxable income fr	rom Form 990-T, line 34			7b	15,970
						Prior Year		Current Year
Q)	8			ne 1h)		6,233,	-	6,300,517
Revenue	9	_		ne 2g)		40,151,		41,118,160
Жě	10 11		stment income (Part VIII, column r revenue (Part VIII, column (A),	•	4,350,	0	8,344,306	
	12		revenue—add lines 8 through 11	ne ——				
						50,735,200		55,762,983
	13			IX, column (A), lines 1-3)		1,859,	064	2,354,554
	14			X, column (A), line 4)			0	0
82	15	Salar 5-10		e benefits (Part IX, column (A), lines	;	25,062,	398	25,774,976
Expenses	16a			column (A), line 11e)		25,062,398		0
Š	Ь		undraising expenses (Part IX, column (D)					
Ш	17			ines 11a-11d, 11f-24e)		20,005,	721	20,299,882
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25)		46,927,	183	48,429,412
	19	Revei	nue less expenses Subtract line	18 from line 12		3,808,	017	7,333,571
Net Assets or Fund Balances					Begii	nning of Curre Year	ent	End of Year
3.45 H. 3.45	20					149,222,		167,976,513
<u> </u>	21					39,632,		34,511,253
	22 14 #		ssets or fund balances Subtract nature Block	line 21 from line 20		109,589,	961	133,465,260
Unde my k	r pen nowle arer h	alties of edge and as any k	perjury, I declare that I have exa	amined this return, including accompaniete Declaration of preparer (other				
. - • `	-		e or print name and title	ALI CIICI				
		''	Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid	d	}	Firm's name 🕨			self-employed		
Pre	pare	er						
Use	On	ıly	Firm's address 🟲			Phone no		

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

┌Yes ┌No

Form	n 990 (2013)					Page
Par		of Program Serv	-	lishments o any line in this Part I	II	
1	Briefly describe the	organization's mission				
<u>To a</u>	dvance and diffuse the	knowledge of physics				
2		undertake any signific or 990-EZ?			which were not listed on	
	If "Yes," describe th	ese new services on S	chedule O			
3	Did the organization services?	cease conducting, or r	make sıgnıfıcar	nt changes in how it coi	nducts, any program	
	If "Yes," describe th	ese changes on Sched	ule O			
4	expenses Section 5) organization:	s are required to report	ee largest program services the amount of grants and all	
4a	(Code) (Expenses \$	27,975,818	ıncludıng grants of \$	0) (Revenue \$	35,234,563)
	Physics Research Progra	ams Research Publications				
4b	(Code) (Expenses \$	5,300,146	ıncludıng grants of \$	100,733) (Revenue \$	5,703,605)
	Physics Research Progra	ams Scientific Meetings				
4c	(Code) (Expenses \$	4,812,395	ıncludıng grants of \$	355,184) (Revenue \$	3,928,069)
	Physics Research Progra	ams Membership Operation	ıs			
	(Code) (Expenses \$	7,482,374	ıncludıng grants of \$	1,898,637) (Revenue \$	2,683,494)
	Physics Research Progra	ams Public Affairs and Prog	rams (50578 Men	nbers)		
4d	Other program serv	vices (Describe in Sch	edule O)			
	(Expenses \$	7,482,374 inc	luding grants o	of \$ 1,898,	637) (Revenue \$	2,683,494)
4e	Total program servi	ice expenses 🕨	45,570,733			

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)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f g}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? <i>If "Yes," complete Schedule D, Part II</i>	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
	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		N o
	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		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

GII	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	 Yes	
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 245		163	- 14
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
l	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		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Ν
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	, , , , , , , , , , , , , , , , , , , ,	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?	76		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			_
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	0-		
	Did the organization make any taxable distributions under section 4966?	9a Ob		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)....................................		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
ı	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
J	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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.

Se	ection 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							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 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		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
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				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>ye Cod</i>	e.) No				
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		•				
10a			Yes	•				
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	•				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	•				
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	•				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	•				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	•				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	•				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	•				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	•				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	•				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	•				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	•				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	•				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No				

- 17 List the States with which a copy of this Form 990 is required to be filed►MD , NY
- 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 made these available.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ►A merican Physical Society One Physics Ellipse
 College Park, MD 207403844 (301) 209-3210

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar	check (, unless officer ustee) Former Highest compensated		(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
(A) Deboth L Burn		rustee	il Trustee		98	mpensated				
(1) Robert L Byer	4	x		х				0	0	0
Past President	0									
(2) Michael S Turner	20	l x		×				0	0	0
President	2			Ĺ	<u> </u>			Ů		
(3) Malcolm R Beasley	4	×		×				0	0	0
President-Elect	0			L						
(4) Samuel Aronson	4	×		х				0	0	0
Vice President	0	^		^				l o	U	0
(5) Joseph W Serene	40								_	_
Treasurer/Publisher	0	X		X	X			273,859	0	0
(6) Kate P Kırby	40									
Executive Officer	0	X		Х	Х	X		322,201	0	0
(7) Gene D Sprouse	40									
		х		Х	Х			287,225	0	0
Editor-in-Chief (8) Alan Chodos	0 40									
					х			215,123	0	0
Assoc Exec Officer (9) Mark Doyle	0 40									
	40				х			195,267	0	0
Director of Journal Information Systems	0			_	_		-			
(10) Theodore Hodapp	40				x			188,751	0	0
Director of Education and Diversity	0							·		
(11) Amy Flatten	40				x			180,611	0	0
Director of International Affairs	0				<u> </u>			100,011		
(12) Michael D Stephens	40				×			170,088	0	0
Director of Finance and Controller	0	L		L	L			170,088		
(13) Tracy Alinger	40				Ţ,			454.411		
Director of HQ Information Technology	0				X			164,411	0	0
(14) Daniel Kulp	40								_	_
Editorial Director	0				X			155,727	0	0
(15) Christine Giaccone	40				T					
Director of Journal Operations	0				Х			154,569	0	0
(16) Barbara Hicks	40	-								
, ,					х			152,154	0	0
Associate Publisher	0			\vdash	\vdash					
				L_	L		L			
										Form 000 (2012)

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

	(A) Name and Title	A verage hours per more than one box, unless week (list person is both an officer any hours and a director/trustee) A verage hours per more than one box, unless compensation compensation from related organization (W-								Reportable compensation from related organizations (W-	an co	(F) Estima nount of ompens from tl	other ation ne
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		janizatio relate rganizat	d
1b	Sub-Total					<u> </u>		 					
С	Total from continuation sheet	_				•	•	•					
d 	Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not	limited	to the	se l	ıste	• d abov	e) w	2,459,986 ho received more th				0
	\$100,000 of reportable compe	ensation from th	e organ	izatio	on F -4	+4							
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highest compen	sated employee	3	Yes	No No
4									4	Yes			
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization	e highest comp										ax year	

(A) Name and business address	(B) Description of services	(C) Compensation
TG Nickel and Associates, 22 COLT COURT RONKONKOMA NY 11779	Building Contractor	5,584,274
APTARA Box 13963 Chicago IL 60693	Publishing Services	1,914,362
Premedia Global Inc 1797 Seddon Court Ashland OH 44805	Publishing Services	1,225,730
Cenveo Publisher Services PO Box 751898 Charlotte NC 28275	Publishing Services	1,029,155
American Institute of Physics 1 Physics Ellipse College Park MD 20740	Publishing Services	778,756
2. Total number of independent contractors (including but not limited to the	so listed above) who resouved more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►18

art VIII		of Revenue ule O contains a respons	se or note to any lin	a in this Dart VIII			_
	CHECK II SCHEUI	uie O contains a respons	se of flote to any fift	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
n 🗷 🛮 la	Federated cam	paigns 1a	0				
<u> </u>	b Membership du	ies 1b	3,783,449				
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c Fundraising eve	ents 1c	0				
ŝĮ,	d Related organiz	zations 1d	0				
5 월 │ ┆	e Government grant		1,735,435				
Similar Amounts	_						
conditionations, calls, claims and Other Similar Amounts	similar amounts no	ons, gifts, grants, and 1f ot included above	781,633				
and Other	g Noncash contribution 1a-1f \$	ons included in lines	0				
<u> </u>	h Total. Add lines	s 1 a - 1 f		6,300,517			
اهر		1	Business Code				
Program Service Revenue	a Research Publication	ons	511120	35,234,563	35,040,241	0	194,32
93. 93. t	b Scientific Meetings		541900	5,703,555	5,099,816	0	603,73
ფ დ ლ			541900	52,605	5,618	46,987	
ž (_		541900	127,437	104,819	0	22,61
<u>ه</u> ه	<u></u>			,	,		,
E f	F All other progra	am service revenue		0	0	0	
راگي	r Total Addings			41,118,160			
3		ome (including dividend		41,116,160			
	and other simil	aramounts)	🟲 📙	2,470,928	0	0	2,470,92
4		stment of tax-exempt bond p	roceeds 🟲	0	0	0	
5	Royalties	(1) Pool	(u) Davagnal	0	٥	0	
6	a Gross rents	(ı) Real	(II) Personal				
l .	b Less rental						
	expenses Rental income	0	0				
,	or (loss) Net rental inco	me or (loss)					
	a meeremen mee	(ı) Securities	(II) O ther				
7	from sales of assets other	24,927,376	0				
l t	than inventory Less cost or other basis and sales expenses	19,053,998	0				
	Gain or (loss)	5,873,378	0				
6	d Net gain or (los	ss)		5,873,378	o	0	5,873,37
	a Gross income f events (not inc \$ of contributions See Part IV, lin	luding 0 s reported on line 1c) ne 18					
<u>.</u>	b Less direct ex	penses b					
5 3		(loss) from fundraising e	vents 🛌				
9	a Gross income f	from gaming activities ne 19					
.	h loca direction	a h					
		penses b (loss) from gaming activ	ities				
	a Gross sales of	_					
	returns and allo	owances .					
.	b Less costofa	oods sold b					
1		oods sold b [(loss) from sales of invel	ntory 🛌				
	Miscellaneous		Business Code				
116	a						
l t							
(
6	d All other reven	ue					
e	Total. Add lines	s 11a-11d	🕨	0			
12	Total revenue.	See Instructions					

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) .マ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 876,967 876,967 Grants and other assistance to individuals in the United States See Part IV, line 22 1,348,411 1,348,411 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 129,176 129,176 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and 883,286 648,018 225,779 9,489 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 17,378,497 16,841,883 281,893 254,721 Pension plan accruals and contributions (include section 401(k) 1,671,053 1,600,421 46,455 and 403(b) employer contributions) 24,177 4,510,190 3,821,640 600,317 Other employee benefits 88,233 10 1,331,950 55,596 1,258,667 17,687 11 Fees for services (non-employees) Management 109,460 2,425 104,488 2,547 Legal 157,789 0 157,789 0 0 0 0 0 Lobbying 0 0 Professional fundraising services See Part IV, line 17 0 0 0 Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 7,635,110 7,557,398 65,274 12,438 Schedule O) Advertising and promotion . . 53,254 52,983 170 12 101 13 Office expenses 2,654,620 2,576,233 46,926 31,461 14 Information technology . . 15 Royalties . 2,100,795 55,279 16 Occupancy 2,022,260 23,256 **17** 1,988,897 1,666,026 301,053 21,818 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 3,192,255 3,042,610 71,367 19 Conferences, conventions, and meetings . . . 78,278 20 0 0 0 Payments to affiliates 0 0 0 0 21 360,912 348,202 22 Depreciation, depletion, and amortization . 9,892 2,818 23 154,092 48,349 105,736 7 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Dues and Subscriptions 584,397 571,738 3,483 9,176 Other Miscellaneous 1,308,301 1,157,326 139,599 11,376 b C d All other expenses е Total functional expenses. Add lines 1 through 24e 25 48.429.412 45,570,733 2,271,096 587,583 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► T if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,799,187	1	3,333,062
	2	Savings and temporary cash investments	11,371,563	2	10,288,224
	3	Pledges and grants receivable, net	674,746	3	550,236
	4	Accounts receivable, net	584,209	4	638,613
	5	Loans and other receivables from current and former officers, directors, trustees, employees, and highest compensated employees Complete Part II of Schedule L	key	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employee beneficiary organizations (see instructions) Complete Part II of Schedule L	g		0
8	7	Notes and loans receivable, net	50,000		50,000
4	8		30,000		30,000
	-	Inventories for sale or use	897,179	<u> </u>	1,473,051
	9 10a	Prepaid expenses and deferred charges		9	1,473,001
	ь	Less accumulated depreciation 10b 2,872		10c	15,685,803
	11	Investments—publicly traded securities	114,761,013		126,703,429
	12	Investments—other securities See Part IV, line 11	7,488,213		8,717,922
	13	Investments—other securities See Part IV, line 11	7,400,213		0,717,922
	14		0	14	
		Intangible assets	513,488		536,173
	15	Other assets See Part IV, line 11	149,222,852		<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)			167,976,513
	17	Accounts payable and accrued expenses	22,573,229	17	18,581,743
	18	Grants payable	17,053,457	18	4F 007 444
	19	Deferred revenue	17,055,457	19	15,927,114
	20	Tax-exempt bond liabilities		20	
တ္	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitik	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
画		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	6,205	25	2,396
	26	Total liabilities. Add lines 17 through 25	39,632,891	26	34,511,253
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	30,332,301	20	04,011,200
Ę	27	Unrestricted net assets	97,430,097	27	120,786,008
<u>छ</u>	28	Temporarily restricted net assets	9,837,234	28	10,297,786
<u> </u>	29	Permanently restricted net assets	2,322,630	29	2,381,466
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and	2,022,000		2,301,400
9		complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
SS(31	Paid-in or capital surplus, or land, building or equipment fund		31	
A A	32	Retained earnings, endowment, accumulated income, or other funds	100 700 700	32	100 107 007
Ř	33	Total net assets or fund balances	109,589,961	33	133,465,260
	34	Total liabilities and net assets/fund balances	149,222,852	34	167,976,513

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		55,7	762,983
2	Total expenses (must equal Part IX, column (A), line 25)	2		484	129,412
3	Revenue less expenses Subtract line 2 from line 1				
4	Not accets or fund halances at heginning of year (must equal Part V. line 3.3, column (A.))	3		7,3	333,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		109,5	89,961
5	Net unrealized gains (losses) on investments	5		16 5	541,728
6	Donated services and use of facilities			10,5	7+1,720
		6			0
7	Investment expenses	7			0
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			0
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		133,4	165,260
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ן ו		
	▼ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	<u> </u>	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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DLN: 93493121014014

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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.

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

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

2013

Open to Public Inspection

Name of the organization AMERICAN PHYSICAL SOCIETY Employer identification number

13-1656610

	_		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
4 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							(A)(iii).				
	\sqcap	A medi	cal researcl	n organization operat	ed in conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(i	ii). Ente	r the	
_		hospita	l's name, ci	ty, and state									
5 [An orga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	a government	al unit	describe	d in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
6 [\sqcap	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).				
7 [Г	_		at normally receives		•	support from	a governme	ntal unit or fi	om the	general	public	:
о г	_			n 170(b)(1)(A)(vi).	•	•	anlete Dart II	١					
	[A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
9	۱۳												.5
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		•						•		tax) iro	m busine	esses	
40 [_			janization after June									
10	<u> </u>	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											
				bes the type of supp							.o., 505(٠,ر٥,٠	CHECK
				b						n-funct	tionally	ntegra	ated
e [厂			ox, I certify that the									
				on managers and oth	ner than one	or more pub	licly supporte	ed organızat	ions describ	ed in se	ction 50	9(a)(:	1) or
f			509(a)(2)	received a written de	stermination	from the IPS	S that it is a "	Type I Type	all or Type	III cun	norting	ara anı	zation
•			:his box	received a written de	cermination	nom the 1K.	3 tilat it is a	iype i, iype	e II, OI Type	III Sup	porting	Jigaiii	
g		Since A	ugust 17, 2	2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the				r
			g persons?										
				rectly or indirectly o			_	persons des	scribed in (ii)			Yes	No
		•		governing body of th	• •	_	17				11g(i)		
		` '	•	er of a person descri	` '						11g(ii)		
				lled entity of a perso		., .,				Į	11g(iii)		
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)						
			/m> =:	=							- 1.		
	Nam ppor	ne of	(ii) EIN	(iii) Type of	(iv) Is t organızatı		(v) Did you the organiz		(vi) Is i		(nount of
-				organızatıon (descrıbed on	col (i) list		in col (i) o		col (i) org			mone sup	•
organization		4011		lines 1 - 9 above	your gove		suppor	•	in the U			Jupi	porc
				or IRC section	docume	_	''						
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
				instructions))	Yes	No	Yes	No	Yes	No			
				instructions))	Yes	No	Yes	No	Yes	No			

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20)13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,493,303	5,406,809	5,217,145	5,785,209	6,	,367,111	28,269,577
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	40,652,674	36,566,078	37,533,232	39,703,030	39,	,596,103	194,051,117
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0
6	Total. Add lines 1 through 5	46,145,977	41,972,887	42,750,377	45,488,239	45,	,963,214	222,320,694
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0	0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0		0	0
_	Add lines 7a and 7b	0	0	0	0			0
8	Public support (Subtract line 7c from line 6)			,	Ţ.			222,320,694
	ction B. Total Support							
Cale	ndar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
9	beginning in) > Amounts from line 6	46,145,977	41,972,887	42,750,377	45,488,239	45	963,214	222,320,694
10a	Gross income from interest,	10,113,377	11,372,007	12,730,377	13, 100,233	13,	303,211	222,320,031
IOa	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,899,967	1,232,244	3,368,008	4,361,490	8,	303,029	19,164,738
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	29,885	66,198		46,987	143,070
c	Add lines 10a and 10b	1,899,967	1,232,244	3,397,893	4,427,688	8,	350,016	19,307,808
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	48,045,944	43,205,131	46,148,270	49,915,927		313,230	241,628,502
14	First five years. If the Form 990 is	for the organizati	ion's first, second	I, third, fourth, or	fifth tax year as a	a 501(c)(:	3) organı	
50	check this box and stop here ction C. Computation of Pul	hlic Support D	ercentage					<u>► </u>
<u>5e</u> 15	Public support percentage for 201			13 column (f)\		1		02.000.00
				13, Column (1))		15		92 009 %
16	Public support percentage from 20					16		94 691 %
	ction D. Computation of Inv				(5))			
17	Investment income percentage for				ın (f))	17	<u> </u>	7 991 %
18	Investment income percentage fro					18		5 309 %
19a	33 1/3% support tests—2013. If th	e organization did	not check the bo	x on line 14, and	line 15 is more t	:han 33 _{1/3}	3% , and !	line 17 is not

►V more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV	Part IV Supplemental Information. 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							
Retu	ırn Reference	Explanation						
		Schodulo A / Form 0	000 er 000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493121014014

OMB No 1545-0047

Open to Public

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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-FZ, Part V, line 35c (Proxy Tax), then

	me of the organization			Emplo	yer ider	tification number	
AME	ERICAN PHYSICAL SOCIETY			13-16	56610		
ar	t I-A Complete if the or	ganization is exempt und	er section 501(organization.	
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV			
2	Political expenditures				.	\$	
3	V olunteer hours						
_				- 1/21			
		ganization is exempt und					
1	,	e tax incurred by the organization				\$	
2	•	e tax incurred by organization ma	_	n 4955	•	\$	
3		section 4955 tax, did it file Form	1/20 for this year?			☐ Yes ☐ No	
4a	Was a correction made?					Yes No	
b	If "Yes," describe in Part IV		or costion FO1/	a) aventeest	FO	11(a)(2)	
	•	ganization is exempt undended by the filing organization fo	•			, i (c)(3).	
1					5 🕶	\$	
2	exempt function activities	organization's funds contributed to	o otner organization	s for section 527	F	\$	
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?						
5	organization made payments amount of political contribution	nd employer identification number For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid fro nd directly delivered	om the filing organiz to a separate politi	atıon's cal orga	funds Also enter the anization, such as a	
	(a) Name	(b) Address	(c) EIN	(d) A mount par filing organizat funds If none, er	ion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -	

section 4911 tax for this year?

┌ Yes ┌ No

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

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	28,415	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	474,026	
c	Total lobbying expenditures (add lines 1a and 1b	502,441		
d	Other exempt purpose expenditures	47,926,971		
e	Total exempt purpose expenditures (add lines 1	48,429,412		
f	Lobbying nontaxable amount Enter the amount f	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		
	Crossrata mantavahla amayınt (antar 250) of lin	. 16	350,000	
g	·		250,000	
	Subtract line 1g from line 1a If zero or less, ente		0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lin	ne 1h or line 1i, did the organization file Form 472 $^{\circ}$	0 reporting	□ Ves □ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	443,292	487,529	520,236	502,441	1,953,498				
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f_	Grassroots lobbying expenditures	29,653	29,871	29,922	28,415	117,861				

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	.	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 0 (101111 330 01 330 12) 2013		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

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

DLN: 93493121014014

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service dita its instruct	ions is at www.ars.gov/rormsso.			Tiishecu	IUII
	ne of the organization RICAN PHYSICAL SOCIETY			loyer identifica	tion numbe	r
Pai	t I Organizations Maintaining Donor Adv			1656610 or Accounts	. Complet	e if the
	organization answered "Yes" to Form 990	i .		(b) Funda and		
	Total number at end of year	(a) Donor advised funds		(b) Funds and	other accoun	nts
	Aggregate contributions to (during year)					
	Aggregate contributions to (during year) Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization's	-	nor advi	ısed	┌ Yes	
	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the benef	onor advisors in writing that grant fund:				_
	conferring impermissible private benefit?				☐ Yes	No
Ĺ	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the org					
	Preservation of land for public use (e.g., recreation	<u> </u>				
	Protection of natural habitat	Preservation of a	certifie	u mstoric struc	ture	
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forn	n of a conserva	tion	
	easement on the last day of the tax year			Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	2c				
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register						
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization	during	
	the tax year 🛌					
	Number of states where property subject to conservat	ion easement is located be				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?			violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
	Amount of expenses incurred in monitoring, inspecting	and onforcing concervation eacomonic	te durin	a the year		
	►\$, and emorting conservation easement	ts duffin	g the year		
	Does each conservation easement reported on line 2(o	d) about cations the requirements of a	ation 1	70(5)(4)(0)(1)		
	and section $170(h)(4)(B)(H)^2$	a) above satisfy the requirements of se	CLIOII 17	/ U(II)(4)(B)(I)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
7	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	, or rese	arch in furthera		с
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balanc		С
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			► \$		
	·			• T		
)	Assets included in Form 990, Part X			- >		

Part	Organizations Maintaining Co	llections of Art,	His	<u>toric</u>	<u>al Treası</u>	ires, or O	ther Si	<u>imilar Ass</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch	neck ai	ny of the fol	lowing that a	re a sıgı	nıfıcant use	of its	
а	Public exhibition		d	Γ	Loan or exc	hange progr	ams			
b	Scholarly research		е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explai	n hov	v they	further the	organization	's exem	ot purpose ır	1	
5	During the year, did the organization solicit								_	_
	assets to be sold to raise funds rather than				_			•	Yes	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	ryes"	to Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermed	dıary	for co	ntributions	or other ass	ets not	Г	_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the f	follow	ving ta	ble	_				
								Am	ount	
С	Beginning balance					<u> </u>	1c			
d	Additions during the year						1d			
e	Distributions during the year					—	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anatıoı	n has been i	provided in P	art XIII			Г
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior ye		wo years back	(d)Three		(e) Four y	ears back
1 a	Beginning of year balance	2,581,481			28,415	2,422,138		2,432,041		2,286,204
b	Contributions	50,768		12	21,967	24,533		19,976		44,668
C	Net investment earnings, gains, and losses	131,715		13	30,362	98,329		129,685		166,954
d	Grants or scholarships	0			0	0		0		0
e	Other expenditures for facilities and programs	111,445		Ğ	99,263	116,585		159,564		65,785
f	Administrative expenses	0			0	0		0		0
g	End of year balance	2,652,519		2,58	31,481	2,428,415		2,422,138		2,432,041
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1g,	column (a))	held as				
а	Board designated or quasi-endowment 🕨	0 %								
b	Permanent endowment ► 90 %									
c	Temporarily restricted endowment ► 1 The percentages in lines 2a, 2b, and 2c sho	0 % uld equal 100%								
За	Are there endowment funds not in the posse		tion t	that ar	e held and a	admınıstered	for the			
	organization by	-							Yes	No
	(i) unrelated organizations			•				3a(i	-	No
	(ii) related organizations							. 3a(i		No
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIII the intended uses of t	· · · · · · · · · · · · · · · · · · ·						3b		<u> </u>
	t VI Land, Buildings, and Equipme					wered 'Yes'	to For	m 990 Pa	rt TV li	ne
	11a. See Form 990, Part X, line		110 01	rgarnz	eation ans	wered res	10 101	iii 550, i a	1010, 11	
	Description of property				Cost or other (investment)	(b)Cost or ot basis (other		Accumulated epreciation	(d) Bo	ok value
1a	_and			1	196,412	:	0			196,412
	Buildings				16,458,065	 	0	1,866,186	1	4,591,879
	_easehold improvements				966,294	+	0	643,877		322,417
	Equipment				937,681	1	0	362,586		575,095
e	Other				(0	0		0
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>		, colu	mn (B), line 10(c).	·		▶	1	5,685,803
	- · · · · ·							Schedule D		

See Form 990, Part X, line 12.	npiete ir the organization a	answered Yes to Form 990, Part IV, line IID.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests	0	
(3)Other		
(A) Renaissance Institutional Equities Fund	5,925,568	F
(B) American Center for Physics	2,792,354	F
,	, ,	
Table (California (h.) arrivat a graph Farra 2000, Barth V and (B.) (re. 12.)	8 .717.922	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Co	- / /	answored 'Ves' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	ompiete ii the organization	answered fes to form 990, Part IV, line IIC.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>*</u>	
Part IX Other Assets. Complete if the organizatio (a) Description		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(4) 50001	iption .	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. Complete if the organic		Form 990 Part IV line 11e or 11f See
Form 990, Part X, line 25.	·	,, 223 01 221 000
1 (a) Description of liability	(b) Book value	
Federal income taxes	2,396	
	ì	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,396	

Schedule D, Part XI, Line 2d

Schedule D, Part XII, Line 2d

Par		evenue per Audited Financial State wered 'Yes' to Form 990, Part IV, line 12		nts With Revenue	per R	Return Complete If
1		er support per audited financial statements .			1	72,888,995
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a	12,054,069		
b	Donated services and use of f	acılıtıes	2b	0	1	
c	Recoveries of prior year grant	s	2c	0		
d	Other (Describe in Part XIII)		2d	5,071,943	1	
e	Add lines 2a through 2d .				2e	17,126,012
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	55,762,983
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b .	4a	0		
b	Other (Describe in Part XIII)		4b	0		
C	Add lines 4a and 4b	. .			4c	0
5		d 4c. (This must equal Form 990, Part I, line 1			5	55,762,983
Pari		xpenses per Audited Financial Statesswered 'Yes' to Form 990, Part IV, line 1			s per	Return. Complete
1	Total expenses and losses pe	r audited financial statements			1	49,013,696
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a	0		
b	Prior year adjustments	[2b	0		
C	Otherlosses	[2c	0		
d	Other (Describe in Part XIII)		2d	584,284		
e	Add lines 2a through 2d				2e	584,284
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	48,429,412
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		_		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)		4b	0		
c	Add lines 4a and 4b				4c	0
5		nd 4c. (This must equal Form 990, Part I, line	18)		5	48,429,412
Par	Supplemental In	formation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a ar , lines 2d and 4b, and Part XII, lines 2d and 4				de any additional
	Return Reference	Explanation				
Sched	dule D, Part V, Line 4	Earnings on the endowed funds are to provid provide awards to distinguished individuals i			women	physicists and to
Scheo	dule D, Part X, Line 2	APS is exempt from federal income tax unde has been classified as an organization that is of unrelated business income for the years e 10, Accounting for Uncertainty in Income Talassociated with tax positions taken for tax reposition will be sustained APS does not beli accordingly, will not recognize any liability for	er Sec s not ended axes, eturn ieve t	tion 501(c)(3) of the I a private foundation A December 31, 2013 a an organization must r purposes when it is mo there are any material u	PS had nd 201 ecogni ore-like incerta	d an immaterial amount 12 Under ASC 740- ze the tax benefit ely than not that the iin tax positions and,

received income tax exemptions in the jurisdictions where it is required to do so

cost of \$4,487,659 Net assets released from restrictions of \$584,284

Net assets released from restrictions on \$584,284

Change in post-retirement medical benefits other than net periodic post-retirement medical benefit

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493121014014

OMB No 1545-0047

2013

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

General Information on Activities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection cnteria used to award the grants or assistance?		e of the organization RICAN PHYSICAL SOCIETY				Employer ident	ification number			
Types to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Ра				ne United States. Co	omplete if the organiz	ation answered			
assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region service(s) in region See Add'l Data (b) Number of offices in the region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, descr	1	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used								
(a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region See Add'l Data (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region See Add'l Data (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditures for and investments in region in region In region Total from continuation sheets	2			ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other			
offices in the region agents, and independent contractors in region See Add'l Data region (by type) (e g , fundrasing, program service, describe specific type of service(s) in region For and investments in region services, investments, grants to recipients located in the region) See Add'l Data Judgment and the region (by type) (e g , fundrasing, program service, describe specific type of service(s) in region for and investments in region	3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)				
See Add'l Data 3a Sub-total b Total from continuation sheets		(a) Region	offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments			
b Total from continuation sheets		See Add'l Data			,					
b Total from continuation sheets										
b Total from continuation sheets										
b Total from continuation sheets										
	3a	Sub-total								
c Totals (add lines 3a and 3b) 0 0 151,727		to Part I	0	0			151 727			

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
			Europe (including Iceland and Greenland)	Entrepreneurship Workshops in Trieste and Ghana in 2014	10,000	Wire			
2				sted above that are ree or counsel has pro					1

Schedule F (Form 990) 2013

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

Part III can b	<u>oe duplicated if additio</u>	nal space is ne	eded.	<u> </u>			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Travel Assistance	North America (including Canada and Mexico, but not the United States)	2	2,190	C heck/Wire			
Travel Assistance	East Asia and the Pacific	1	1,000	Check/Wire			
Travel Assistance	Europe (including Iceland and Greenland)	1	2,000	Check/Wire			
Travel Assistance	Russia and the newly independent States	1	2,000	Check/Wire			
Travel Assistance	Mıddle East and North Afrıca		•	Check/Wire			
Travel Assistance	South Asia	23	42,795	Check/Wire			
Travel Assistance	South America	23	42,684	Check/Wire			
Prizes and Awards	East Asia and the Pacific	1	1,943	Check/Wire			
Prizes and Awards	Europe (including Iceland and Greenland)	4		Check/Wire			
Prizes and Awards	Russia and the newly independent States	2	7,556	Check/Wire			
_							
<u> </u>							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	₽	- 1	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	Þ	- 1	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	Į✓	- 1	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	F	- 1	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	F	- 1	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	⊽	- 1	Νo

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation
Schedule F, Part I, Line	Schedule F, Part I, Line
2	2 - Recipients are
	selected based upon
	criteria determined by
	oversight committees
	Recipients provided
	lump sum payments at
	the beginning of the
	grant period are
	expected to submit final
	reports detailing
	expenditures Funds
	given on a
	"reimbursement" basis
	require the recipient to
	provide APS with an
	expense report that
	includes receipts for
	his/her expenditures In
	addition, the formal
	Prizes and Awards are
	based upon prior
	accomplishments and
	are approved by the
	Executive Board before
	being given to
	distinguished
	physicists
	physicists
-	
	· ·
-	
	Schedule F (Form 990) 2013

Additional Data

Software ID: 13000241

Software Version: v1.00

EIN: 13-1656610

Name: AMERICAN PHYSICAL SOCIETY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America (including Canada and Mexico, but not the United States)	0	0	Grantmaking	Grants	5,000
East Asia and the Pacific	0	0	Grantmakıng	Grants	2,943
Europe (including Iceland and Greenland)	0	0	Grantmakıng	Grants	31,749

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
Russia and the newly independent States	0	0	Grantmakıng	Grants	9,556						
Middle East and North Africa	0	0	Grantmakıng	Grants	15,500						
South Asia	0	0	Grantmaking	Grants	42,795						

Form 990 Schedule F I	orm 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region					
South America	0	0	Grantmakıng	Grants	44,184					

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Part T General Information on Grants and Assistance

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

Schedule I

(Form 990)

Department of the Treasury

AMERICAN PHYSICAL SOCIETY

Internal Revenue Service

Name of the organization

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493121014014

Open to Public Inspection

Schedule I (Form 990) 2013

Employer identification number

13-1656610

Part II Grants and Other A Form 990, Part IV, lin	e 21, for any reci	pient that received	more than \$5,000. Pa	rt II can be duplicated	d if additional spa	nce is needed.	-
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							

Cat No 50055P

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
Part IV Supplemental Informa	ation. Provide the info	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
, ,	Recipients are selected based upon criteria determined by oversight committees. Recipients provided lump sum payments at the beginning of the grant period are expected to submit final reports detailing expenditures. Funds given on a "reimbursement" basis require the recipient to provide APS with an expense report that includes receipts for his/her expenditures. In addition, the formal Prizes and Awards are based upon prior accomplishments and are approved by the Executive Board before being given to distinguished physicists.

Software ID: 13000241

Software Version: v1.00

EIN: 13-1656610

Name: AMERICAN PHYSICAL SOCIETY

Form 990,Schedule I, Pai	rt II, Grants ar	<u>id Other Assistance</u>	e to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arizona State University Grant and Contract Accounting PO BOX 873503 Tempe,AZ 852873503	86-0196696	501(c)(3)	99,616	0			Physics Education Grant
Boston University Trustees of Boston University Research Accounting PO BOX 55058 Boston, MA 02205	04-2103547	501(c)(3)	20,428	0			Physics Education Grant
Cal Poly Pomona Foundation 3801 West Temple Ave Bldg 55 Pomona,CA 917684038	95-2417645	501(c)(3)	19,933				Physics Education Grant
Cal State University Long Beach Foundation 6300 State University Drive Long Beach, CA 90815	95-6106694	501(c)(3)	92,811				Physics Education Grant
Cal State San Marcos - University Auxiliary Foundation 435 E Carmel Street San Marcos, CA 92078	80-0390564	501(c)(3)	16,562				Physics Education Grant
Central Washington University Cashiers Office 400 East University Way Ellensburg, WA 98926	91-6000618	501(c)(3)	17,163				Physics Education Grant
Chicago State University Adm 303 9501 S King Drive Chicago, IL 606281598	36-2580815	501(c)(3)	5,137				Physics Education Grant
James Madison University University Business Office MSC 3516 Harrisonburg, VA 22807	54-6001756	501(c)(3)	7,331				Physics Education Grant
The Research Fundation SUNY PO BOX 9 Albany,NY 122010009	14-1368361	501(c)(3)	21,229				Physics Education Grant
Towson University College-Graduate Ed and Research 7800 York Road 2nd FL RM224 Towson, MD 21252	52-6002033	501(c)(3)	98,170				Physics Education Grant

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Missouri 223 Physics Bldg Dept of Physics and Astronomy Columbia, MO 65211	43-6003859	501(c)(3)	83,363				Physics Education Grant
University of Alabama Office for Sponsored Programs Box 870135 Tuscaloosa,AL 354870135	63-6001138	501(c)(3)	92,583				Physics Education Grant
Virginia Polytechnic Institute 1600 Pratt Drive Blacksburg, VA 24060	54-6001805	501(c)(3)	106,799				Physics Education Grant
Center for Strategic and International Studies 1800 K Street NW Washington, DC 20006	52-1501082	501(c)(3)	50,000				Non-Strategic Nuclear Weapons System Control Workshop
University of California Regents Payment Solutions and Compliance Box 951432 1125 Murphy Hall Los Angeles, CA 900959000	94-6006143	501(c)(3)	10,000				Physics Outreach Grant
Regents of Univ of California- UCSD UN CA San Diego Ref2013- 2191 9500 Gilman Dr MC 0934 La Jolla, CA 920930934	95-6006144	501(c)(3)	7,500				Physics Outreach Grant
Colorado School of Mines PO BOX 911911 Denver,CO 802941911	84-6000551	501(c)(3)	10,000				Physics Outreach Grant
Case Western Reserve University Sponsored Project Accounting Nord HII Suite 615 10900 Euclid Av Cleveland, OH 441067015	34-1018992	501(c)(3)	10,000				Physics Outreach Grant
US Coast Guard Admin LCDR Roye James 15 Mohegan Ave DS-3 New London, CT 06320	52-9980000	501(c)(3)	9,970				Physics Outreach Grant
American Institute of Physics One Physics Ellipse College Park,MD 20740	13-1667053	501(c)(3)	30,000				Physics Outreach Grant

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AAAS 1200 New York Avenue NW Washington,DC 20005	53-0196568	501(c)(3)	17,000				Physics Media Fellow Grant	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Program Honorariums	12	6,820			
Programs-Travel Assistance	170	93,873			
Programs-Travel Grants	485	183,851			
Programs-Participant Costs	105	40,395			
Programs-Outreach Grants	1	1,000			
Programs-Other Expenses	242	99,750			
Minority Scholarship Payments	77	89,500			
Prizes and Awards-Stipends, Certificates and Travel	127	520,888			
Noyce Scholarship Payments	5	55,871			
Travel-Participant Support	376	199,114			
Subsistance-Participant Support	376	15,158			
Other-Participant Support	94	42,170		1	

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DLN: 93493121014014

OMB No 1545-0047

Inspection

Open to Public

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN PHYSICAL SOCIETY

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

		13-1656610			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to pro				
	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 organiza reimbursement or provision of all of the expenses describe		1b	Yes	
2	Did the organization require substantiation prior to reimbur directors, trustees, officers, including the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the filing organization organization organization organization to establish compensation or	ly Do not check any boxes for methods			
	✓ Compensation committee	Written employment contract			
		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 VI or a related organization	II, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payme	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemental no	nqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide t	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must com	nplete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1 compensation contingent on the revenues of				
а	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 1 compensation contingent on the net earnings of	a, did the organization pay or accrue any			
а	The organization?		6a		No
Ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," describ		7		No
8	Were any amounts reported in Form 990, Part VII, paid or				
	subject to the initial contract exception described in Regul	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebut section 53 $4958-6(c)$?	table presumption procedure described in Regulations	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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits		
See Additional Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a	With a doctors excuse for a health issue, the volunteer Past President flew first class on several longer flights
· · · · ·	Gene Sprouse contributed \$17000 to a Section 457 Plan Alan Chodos contributed \$6500 to a Section 457 Plan Theodore Hodapp contributed \$17500 to a Section 457 Plan Amy Flatten contributed \$6500 to a Section 457 Plan Michael Stephens contributed \$5200 to a Section 457 Plan Peter Adams contributed \$17000 to a Section 457 Plan

Schedule J (Form 990) 2013

Software ID: 13000241 **Software Version:** v1.00

EIN: 13-1656610

Name: AMERICAN PHYSICAL SOCIETY

Form 990, Schedule J, I	<u>Part II</u>	- Officers, Direct	ors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Robert L Byer Past President	(1) (11)		0	1	0 0	0 0	0	0 0
Michael S Turner President	(1) (11)	0	0	0 0	0	0	0	0
Malcolm R Beasley President-Elect	(ı) (ıı)		0	1	0	0	0	0
Samuel Aronson Vice President	(1) (11)		0		0	0	0	0
Joseph W Serene Treasurer/Publisher	(ı) (ıı)		0	- 1	20,000	7,995 0	301,854 0	0
Kate P Kırby Executive Officer	(ı) (ıı)		0	- 1	20,000	13,855 0	356,056 0	0
Gene D Sprouse Editor-in-Chief	(1) (11)	287,225 0	0		20,000	14,146 0	321,371 0	0
Alan Chodos Assoc Exec Officer	(1) (11)		0	l l	20,000	13,855 0	248,978 0	0
Mark Doyle Director of Journal Information Systems	(1) (11)		0	- 1	19,527 0	18,000 0	232,794 0	0
Theodore Hodapp Director of Education and Diversity	(1) (11)		0		18,875 0	13,855 0	221,481 0	0
Amy Flatten Director of International Affairs	(1) (11)		0	l l	18,061 0	7,995 0	206,667 0	0
Michael D Stephens Director of Finance and Controller	(1) (11)	170,088 0	0	- 1	17,009 0	13 0	187,110 0	0
Tracy Alinger Director of HQ Information Technology	(1) (11)		0	1 *1	16,441 0	7,995 0	188,847 0	0
Daniel Kulp Director of Editorial Administration	(1) (11)		0		15,573 0	18,000 0	189,300 0	0
Christine Giaccone Director of Journal Operations	(1) (11)	0	o		15,457 0	506 0	170,532 0	0
Barbara Hicks Associate Publisher	(I) (II)	152,154 0	0 0		15,215 0	13,855 0	181,224 0	0

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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN PHYSICAL SOCIETY	Employer identification number
	13-1656610

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	APS has 50,578 members
Form 990, Part VI, Section A, Line 7a	APS Members elect the members of the governing body, or Council
Form 990, Part VI, Section A, Line 7b	Changes to the APS constitution must be approved by the membership
Form 990, Part VI, Section B, Line 11b	The members of the governing body received an email with a draft copy of the Form 990
Form 990, Part VI, Section B, Line 12c	Employees and governing body members are asked to complete a conflict of interest report each year. That report is reviewed by the Executive Officer and Treasurer/Publisher for potential conflicts.
Form 990, Part VI, Section B, Line 15	A senior personnel committee approves salaries of the officers and key employees of the Society Salary surveys are reviewed by this committee as part of the process
Form 990, Part VI, Section C, Line 19	The APS governing documents are available online at www aps org/exec The financial statements are included in the APS Annual Report also available at this link
Form 990, Part IX, Line 11g	Consultants Fees 2,242,034, Publication Composition and Printing 5,393,076