

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



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

OMB No 1545-0047

Open to Public Inspection

	rthe 2	2013 cale	endar vear, or tax vear beginni	ng 01-01-2013 , 2013, and endi	na 12-31-2	2013			
		plicable	C Name of organization		ng 12 31 2	2013	D Employe	r identificat	tion number
_	tress ch	•	AMERICAN ÍNSTITUTE OF PHYSICS	5 INC			13-166	7053	
┌ _{Nar}	me char	nge	Doing Business As						
┌ Inıt	ıal retur	m	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite		E Telephone	numbar	
┌ _{Ter}	mınated	t	ONE PHYSICS ELLIPSE Suite	,	,		•		
┌ Am	ended r	eturn	City or town, state or province, co	untry, and ZIP or foreign postal code		\dashv	(301) 2	09-3100	
┌ App	olication	pending	COLLEGE PARK, MD 207403843				G Gross rece	eipts \$ 134,0	01.998
			F Name and address of pr	incipal officer		H(a) Is this		• • •	
			H FREDERICK DYLLA	·			linates?	cum for	┌ Yes 🗸 No
			ONE PHYSICS ELLIPSE COLLEGE PARK, MD 2079	403843		H(b) Are al	Loubordina	tos	┌ Yes ┌ No
						includ		ites	j řesj No
I Ta	x-exem	pt status	▼ 501(c)(3)	(insert no)	27	If "No	," attach a	lıst (see ı	nstructions)
J W	ebsite	: ⊢ ww	W AIP ORG			H(c) Group	exemptio	n number 🕨	 -
K Form	n of ora	ianization	Corporation Trust Associat	on Cother ►		L Year of for	nation 1931	M State o	of legal domicile NY
	rt I		mary	other P		E rear or ion	nation 1991	TT State 6	7 legal dollilelle 141
				ion or most significant activities					
		,	3	E THE PHYSICAL SCIENCES F	OR THE B	ENEFIT OF	HUMANIT	Υ	
ည	-								
툘	-								
ĭell Kell	2 0	Check th	ns box দ if the organization (discontinued its operations or dis	posed of r	more than 25	% of its n	et assets	
ဒ္								1	
න් රෙ	l			rning body (Part VI, line 1a) .			⊢	3	33
Ë	l		· -	s of the governing body (Part VI,	-		⊢	4	31
Activities & Governance	l			n calendar year 2013 (Part V , lind necessary)			⊢	6	318 250
ď	l			Part VIII, column (C), line 12 .			—	7a	3,357,561
	l			from Form 990-T, line 34			_	7b	-34,506
						Prior		 -	irrent Year
	8	Contri	butions and grants (Part VIII,	line 1h)			3,771,66	_	490,601
를	9			line 2g)	ŀ	58,729			57,955,799
Revenue	10	Invest	ment income (Part VIII, colun	nn (A), lines 3, 4, and 7d)	[8,175,95	9	6,642,460
ά	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	Le)		8,626,17	6	8,615,542
	12		coverne add lines 8 through 1	1 (must equal Part VIII, column	(A), line				72704402
	13					•	79 3N3 68	7	/ 3 / 04 40 /
							79,303,68		
	114		and similar amounts paid (Pa	rt IX, column (A), lines 1-3)			495,13	1	416,174
	14	Benefi	and similar amounts paid (Paits paid to or for members (Part	rt IX, column (A), lines 1–3) . IX, column (A), line 4)			495,13		416,174
\$	14 15	Benefi	and similar amounts paid (Parts paid to or for members (Parts, other compensation, employed)	rt IX, column (A), lines 1-3)			495,13	1 0	416,174 0
enses		Benefi Salarie 5–10)	and similar amounts paid (Paits paid to or for members (Partes, other compensation, employed)	rt IX, column (A), lines 1–3) . IX, column (A), line 4)	, lines		495,13 30,065,28	1 0	416,174 0 31,010,001
Expenses	15	Benefir Salarie 5–10) Profes Total fu	and similar amounts paid (Paits paid to or for members (Partes, other compensation, employed) sional fundraising fees (Part I)	rt IX, column (A), lines 1-3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25) • 414,349	, lines		495,13 30,065,28	1 0 8 0	73,704,402 416,174 0 31,010,001
Expenses	15 16a b 17	Benefir Salarie 5-10) Profes Total fur Other	and similar amounts paid (Parts paid to or for members (Partes, other compensation, employed) sional fundraising fees (Part IX) ndraising expenses (Part IX, column (A)	rt IX, column (A), lines 1-3). IX, column (A), line 4). yee benefits (Part IX, column (A), column (A), line 11e). D), line 25) • 414,349 , lines 11a-11d, 11f-24e).	, lines		495,13 30,065,28 37,974,60	1 0 8 0 7	416,174 0 31,010,001 0 36,837,022
Expenses	15 16a b 17 18	Benefit Salarie 5-10) Profes Total ful Other	and similar amounts paid (Parts paid to or for members (Partes, other compensation, employed) sional fundraising fees (Part I) ndraising expenses (Part IX, column (A) expenses Add lines 13–17 (m	rt IX, column (A), lines 1-3). IX, column (A), line 4). yee benefits (Part IX, column (A), (, column (A), line 11e). D), line 25) \(\bigsim \frac{414,349}{414,349}\), lines 11a-11d, 11f-24e). ust equal Part IX, column (A), line	, lines		495,13 30,065,28 37,974,60 68,535,02	1 0 8 0 7 6	416,174 0 31,010,001 0 36,837,022 68,263,197
	15 16a b 17	Benefit Salarie 5-10) Profes Total fut Other	and similar amounts paid (Parts paid to or for members (Partes, other compensation, employed) sional fundraising fees (Part I) ndraising expenses (Part IX, column (A) expenses Add lines 13–17 (m	rt IX, column (A), lines 1-3). IX, column (A), line 4). yee benefits (Part IX, column (A), column (A), line 11e). D), line 25) • 414,349 , lines 11a-11d, 11f-24e).	, lines		495,13 30,065,28 37,974,60 68,535,02 10,768,66	1 0 8 0 7 6 1 1	416,174 0 31,010,001 0 36,837,022 68,263,197
	15 16a b 17 18	Benefit Salarie 5-10) Profes Total fut Other	and similar amounts paid (Parts paid to or for members (Partes, other compensation, employed) sional fundraising fees (Part I) ndraising expenses (Part IX, column (A) expenses Add lines 13–17 (m	rt IX, column (A), lines 1-3). IX, column (A), line 4). yee benefits (Part IX, column (A), (, column (A), line 11e). D), line 25) \(\bigsim \frac{414,349}{414,349}\), lines 11a-11d, 11f-24e). ust equal Part IX, column (A), line	, lines	Beginning	495,13 30,065,28 37,974,60 68,535,02 10,768,66	1 0 8 0 7 6 1	416,174 0 31,010,001 0 36,837,022 68,263,197
	15 16a b 17 18	Benefir Salarie 5–10) Profes Total fur Other Total e Reven	and similar amounts paid (Parts paid to or for members (Partes, other compensation, employed) sional fundraising fees (Part IX) ndraising expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract line	rt IX, column (A), lines 1-3). IX, column (A), line 4). yee benefits (Part IX, column (A), (, column (A), line 11e). D), line 25) \(\bigsim \frac{414,349}{414,349}\), lines 11a-11d, 11f-24e). ust equal Part IX, column (A), line	, lines	Beginning Ye	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current	1 0 8 0 7 6 1 Er	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205
	15 16a b 17 18 19	Benefit Salarie 5-10) Profes Total fut Other Total e Reven	and similar amounts paid (Parts paid to or for members (Part es, other compensation, employed) sional fundraising fees (Part IX) ndraising expenses (Part IX, column (expenses (Part IX, column (A)) expenses Add lines 13–17 (mue less expenses Subtract lines assets (Part X, line 16)	rt IX, column (A), lines 1-3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25) \(\bullet \frac{414,349}{414,349} \) , lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 18 from line 12	e 25)	Beginning Ye	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current	1 0 8 0 7 6 1 Er 8	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205
Not Assets or Expenses Fund Balances	15 16a b 17 18 19	Benefit Salarie 5-10) Profes Total fut Other Total e Reven Total a Total I	assets (Part X, line 16).	rt IX, column (A), lines 1-3). IX, column (A), line 4). yee benefits (Part IX, column (A)) (, column (A), line 11e). D), line 25) \(\bigsim \frac{414,349}{414,349}\), lines 11a-11d, 11f-24e). ust equal Part IX, column (A), line 18 from line 12	, lines	Beginning Ye	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ear	1 0 8 0 7 6 1 Er 8 6 6	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923
Not Assets or Fund Balances	15 16a b 17 18 19	Benefir Salarie 5-10) Profes Total fur Other Total e Reven Total a Total I	assets (Part X, line 16).	rt IX, column (A), lines 1–3). IX, column (A), line 4). yee benefits (Part IX, column (A)) (, column (A), line 11e). D), line 25) • 414,349 I, lines 11a–11d, 11f–24e). ust equal Part IX, column (A), line 18 from line 12	, lines	Beginning Ye	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ar 31,781,22 43,447,24	1 0 8 0 7 6 1 Er 8 6 6	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987
Met Assets or and Balances	15 16a b 17 18 19 20 21 22 11 r pena	Benefir Salarie 5-10) Profes Total fur Other Total e Reven Total a Total I Net as Sign Ities of p	s and similar amounts paid (Part Is paid to or for members (Part es, other compensation, employed) sional fundraising fees (Part IX) ndraising expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract lines assets (Part X, line 16)	rt IX, column (A), lines 1–3). IX, column (A), line 4). yee benefits (Part IX, column (A)) (, column (A), line 11e). D), line 25) • 414,349 I, lines 11a–11d, 11f–24e). ust equal Part IX, column (A), line 18 from line 12	, lines , e 25)	Beginning Ye 1	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ar 31,781,22 43,447,24 38,333,98 and state	1 0 8 0 7 6 1 Er 8 6 2 ments, and	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987 155,100,936 d to the best of
Met Assets or and Balances	15 16a b 17 18 19 20 21 22 11 r pena	Benefir Salarie 5-10) Profes Total fur Other Total e Reven Total a Total I Net as Sign Ities of p	and similar amounts paid (Part Is paid to or for members (Part es, other compensation, employed, other column (A) expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract line assets (Part X, line 16)	rt IX, column (A), lines 1–3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25) • 414,349 , lines 11a–11d, 11f–24e) ust equal Part IX, column (A), line 18 from line 12 et line 21 from line 20 xamined this return, including accompany	, lines , e 25)	Beginning Ye 1: 1: ng schedules	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ear 31,781,22 43,447,24 38,333,98 6 and state ased on al	1 0 8 0 7 6 1 Er 8 6 2 ments, and	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987 155,100,936 d to the best of
Met Assets or nude and balances	15 16a b 17 18 19 20 21 22 11 11 r pena nowled arer ha	Benefir Salarie 5-10) Profes Total fur Other Total e Reven Total a Total I Net as Sign Ities of p Ige and b s any kr	and similar amounts paid (Part Is paid to or for members (Part es, other compensation, employed, other column (A) expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract line assets (Part X, line 16)	rt IX, column (A), lines 1–3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25) • 414,349 , lines 11a–11d, 11f–24e) ust equal Part IX, column (A), line 18 from line 12 et line 21 from line 20 xamined this return, including accompany	, lines , e 25)	Beginning Ye 1: 1: ng schedules	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ear 31,781,22 43,447,24 38,333,98 6 and state ased on al	1 0 8 0 7 6 1 Er 8 6 2 ments, and	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987 155,100,936 d to the best of
Mot Assets or Dude Rund Balances	15 16a b 17 18 19 20 21 22 11 r pena nowled rer ha	Benefic Salaries 5-10) Profes Total fur Other Total expension Reven Sign Ities of place and its sany kr	and similar amounts paid (Paits paid to or for members (Part es, other compensation, employes, other column (A) expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract lines) expenses Subtract lines (Part X, line 16) expenses (Part X, line 26) expenses or fund balances Subtract expenses or fund balances Subtract expenses or fund balances Subtract expenses, it is true, correct, and consider that I have expenses for the considered that I have expenses of the considered th	rt IX, column (A), lines 1–3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25)	, lines , e 25)	Beginning Ye 1: ng schedules n officer) is b	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ear 31,781,22 43,447,24 38,333,98 6 and state ased on al	1 0 8 0 7 6 1 Er 8 6 2 ments, and	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987 155,100,936 d to the best of
Par Passets or Under Makenses Or Under Makenses Sign	15 16a b 17 18 19 20 21 22 11 r pena nowled rer ha	Benefir Salarie 5-10) Profes Total fur Other Total e Reven Total a Total I Net as Sign Ities of place and is any kr	and similar amounts paid (Part Is paid to or for members (Part Is, other compensation, employed, other column (A) expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract lines) expenses Subtract lines (Part X, line 16)	rt IX, column (A), lines 1–3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25) 414,349 , lines 11a–11d, 11f–24e) ust equal Part IX, column (A), line 18 from line 12 et line 21 from line 20 examined this return, including accomplete Declaration of preparer (, lines e 25) companyir	Beginning Ye 1: 1: ng schedules n officer) is b	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ear 31,781,22 43,447,24 38,333,98 and state ased on al	1 0 8 0 7 6 1 Er 8 6 2 ments, and I information	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987 155,100,936 d to the best of
Par Passets of Under Makenses Sign	15 16a b 17 18 19 20 21 22 11 11 r pena nowled arer ha	Benefir Salarie 5-10) Profes Total fur Other Total a Reven Total a Total I Net as Sign Ities of place and b sany kr	and similar amounts paid (Paits paid to or for members (Part es, other compensation, employes, other column (A) expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (mue less expenses Subtract lines) expenses Subtract lines (Part X, line 16) expenses (Part X, line 26) expenses or fund balances Subtract expenses or fund balances Subtract expenses or fund balances Subtract expenses, it is true, correct, and consider that I have expenses for the considered that I have expenses of the considered th	rt IX, column (A), lines 1–3). IX, column (A), line 4) yee benefits (Part IX, column (A) (, column (A), line 11e) D), line 25)	, lines , e 25)	Beginning Ye 1: 1: ng schedules n officer) is b	495,13 30,065,28 37,974,60 68,535,02 10,768,66 of Current ear 31,781,22 43,447,24 38,333,98 6 and state ased on al	1 0 8 0 7 6 1 Er 8 6 2 ments, and	416,174 0 31,010,001 0 36,837,022 68,263,197 5,441,205 nd of Year 193,473,923 38,372,987 155,100,936 d to the best of

Firm's address 1676 International Drive

McLean, VA 22102 May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

Use Only

Phone no (301) 209-3020

✓ Yes 厂No

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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^{\bullet}	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? <i>If "Yes," complete Schedule C, Part III</i>	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 $\sqrt{2}$	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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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	Yes	
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		No
b	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Pali				_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 197		163	140
	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			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country •CH			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F		
<i>c</i> -	Describe agreement on house annual green grounds that are normally green than \$100,000, and did the	5c 6a		NI a
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			No
	were not tax deductible?	6b		
7	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 services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	 		140
u	11 Tes, indicate the number of forms 5252 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
9	Sponsoring organizations maintaining donor advised funds.	8		
		9a		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	Į l		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

8a

Yes

Yes

	(2010)			- 49
ar	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes See instructions.	ies in		ule C
	Check if Schedule O contains a response or note to any line in this Part VI	•		⊡
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

a The governing body?

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

b Each committee with authority to act on behalf of the governing body?

- 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. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CATHERINE G SWARTZ - ONE PHYSICS ELLIPSE COLLEGE PARK, MD 207403843 (301)209-3100

Form 990	(2013)	
----------	--------	--

D	2	а	۵	7
М	а	ч	u	•

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

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

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 t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	ne l both	oox, an	heck unless officer stee)	į	(D) Reportable compensation from the organization (W- 2/1099-MISC) (E) Reportable compensation from related organizations (W- 2/1099-MISC)		С	(F) Estima nount o ompens from t	ted fother ation he
		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)	'	ganızatı relate organıza	ed
1b	Sub-Total				•		1	*					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S	ection A	۱ . 	٠.	٠.		•	4,273,688	C			552,878
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	I ho received more th	ıan	<u>I</u>		
												Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	-	yee, •	, or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5	1 62	No
	ection B. Independent Co	ntractors											
1	Complete this table for your fiv	e highest comp											
	compensation from the organiz	ation Report co	mpens	ation	tort	the d	alenda	arye	ar ending with or wi	thin the organizatio	n's t	ax year (C	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WE'RE ASSOCIATES INC, 3003 New Hyde Park Rd NEW HYDE PARK NY 11042	PROPERTY MANAGEMENT	2,992,356
ORIGIN EDITORIAL LLC, PO BOX 861 PLYMOUTH MA 02362	EDITORIAL CONSULT	1,129,346
STEPTOE JOHNSON LLP, 1114 6TH AVENUE NEW YORK NY 101043300	LEGAL	607,984
BRYAN CAVE LLP, 1290 Ave of the Americas Suite 33 NEW YORK NY 101043300	LEGAL	196,505
KPMG LLP, 1801 K Street NW Suite 12000 WASHINGTON DC 20036	AUDIT AND TAX	194,895
5. Tatal number of independent contractors (including but not limited to these lighted phases)	who recoved more than	-

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6

		ule O contains a respor		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ည နု ¹a	•						
Grants Amounts	Membership du	es 1b					
	Fundraising eve	ents 1c					
Other Similar Amounts	Related organiz	zations 1d					
%. <u>E</u> e	Government grants	s (contributions) 1e	198,415				
[S] f		ons, gifts, grants, and 1f	292,186	i			
# # B	similar amounts no	ot included above					
Contributions, and Other Sim	1a-1f \$	ons meladed in inies					
and	Total. Add lines	s 1 a - 1 f	· · · · •	490,601			
e i			Business Code				
를 2a 왕	PUBLISHING CENT	ER	511120	56,560,301	53,202,740	3,357,561	
<u>a</u> e b	PHYSICS RESOURCE	CES CENTER	900099	1,395,498	1,395,498		
6 항 C							
कु d							
E e		m corvice revenue					
Program Service Revenue		am service revenue					
_ 9		s 2a – 2f		57,955,799			
3		ome (including dividend ar amounts)		4,576,181			4,576,18
4		stment of tax-exempt bond		0			
5	Royalties		🕨	0			
	_	(ı) Real	(II) Personal				
6a	Gross rents Less rental						
	expenses	0	0				
c	or (loss)						
d	Net rental inco	me or (loss)		0			
7a	Gross amount from sales of	(1) Securities 62,363,875	(II) O ther				
b	assets other than inventory Less cost or						
	other basis and sales expenses	60,297,596					
С		2,066,279					
d		ss)		2,066,279			2,066,279
ზ 8a	Gross income f events (not inc						
	of contributions See Part IV , lin	s reported on line 1c)					
Ĕ.		a					
5 b		penses b (loss) from fundraising (events	0			
98		rom gaming activities	sventes 1 1 p				
	,	a					
b		penses b					
10-		(loss) from gaming activ	/ities≱-	0			
10a	Gross sales of returns and allo						
b		oods sold b (loss) from sales of inve	entory 🛌	0			
	Miscellaneous	s Revenue	Business Code				
11a	PASS THRU CO	OSTS/MBR	900099	7,187,193	7,187,193		
Ь			900099	1,172,218	1,172,218		
	INVESTMENT	ACP					
c .	11100222711120		900099	256,131	256,131		
d		ue					
e			•	8,615,542			
12	Total revenue.	See Instructions		73,704,402	63,213,780	3,357,561	6,642,460

Part IX Statement of Functional Expenses

Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $$ All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>		<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	119,976	119,976		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	270,653	270,653		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	25,545	25,545		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,430,234	2,137,234	4,293,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,047,315	14,395,135	2,419,510	232,670
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,105,081	1,482,398	601,842	20,841
9	Other employee benefits	3,536,196	2,606,580	891,097	38,519
10	Payroll taxes	1,891,175	1,331,765	540,687	18,723
11	Fees for services (non-employees)				
а	Management	1,483,877	788,215	681,658	14,004
b	Legal	870,938	512	870,426	
c	Accounting	229,336	7,334	222,002	
d	Lobbying	108,870	108,870		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	92,011		92,011	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	428,329	372,257	56,072	
12	Advertising and promotion	1,971,245	· · · · · · · · · · · · · · · · · · ·	<u> </u>	17,310
13	Office expenses	519,613	282,505	225,930	11,178
14	Information technology	2,902,208	803,401	2,091,133	7,674
15	Royalties	0	503,101	2,031,133	7,071
16	Occupancy	6,071,984	30,215	6,041,769	
17	Travel	1,003,670	834,778	155,094	13,798
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	931,770	193,031	13,730
19	Conferences, conventions, and meetings	884,641	608,338	255,034	21,269
20	Interest	3,781	11,130	3,781	,-33
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	929,809	659,672	270,137	
23	Insurance	191,697	, · · ·	191,697	
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)	,			
а	MEMBER SOCIETY PASS THRU	7,187,192	7,187,192		
b	EDIT MANAGEMENT	4,484,383	4,484,383		
c	PUBLISHING PRINTING	3,183,455	3,159,018	8,586	15,851
d	PUBLISHING PRODUCTION	2,764,173	2,762,507	1,666	
e	All other expenses	1,525,810	1,082,925	440,373	2,512
25	Total functional expenses. Add lines 1 through 24e	68,263,197	47,495,343	20,353,505	414,349
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

\neg					
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,765,097	1	23,132,945
	2	Savings and temporary cash investments	21,478,941	2	6,507,561
	3	Pledges and grants receivable, net	205,845	3	58,172
	4	Accounts receivable, net	3,972,967	4	4,618,141
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	,	_	074
ts	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	1,692		374
Assets	_	Notes and leave recovering not	0		
₹ S	7 8	Notes and loans receivable, net	0		
	_		803,541	9	991,783
	9 10a	Prepaid expenses and deferred charges		9	991,765
	ь	Less accumulated depreciation 10b 20,265,589	2,019,516	100	2,596,831
	11	Investments—publicly traded securities	121,544,302		112,429,594
	12	Investments—other securities See Part IV, line 11	19,829,107	12	32,787,980
	13	Investments—program-related See Part IV, line 11	50,000		68,104
	14	Intangible assets	0		00,101
	15	Other assets See Part IV, line 11	9,110,220		10,282,438
	16	Total assets. Add lines 1 through 15 (must equal line 34)	181,781,228		193,473,923
	17	Accounts payable and accrued expenses	7,442,125		5,887,125
	18	Grants payable	0		0,567,120
	19	Deferred revenue	20,448,972		18,887,438
	20	Tax-exempt bond liabilities	0		0
_	21	Escrow or custodial account liability Complete Part IV of Schedule D	0		
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabilit		persons Complete Part II of Schedule L	0	22	0
_ <u>`</u>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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			
		D	15,556,149	25	13,598,424
	26	Total liabilities. Add lines 17 through 25	43,447,246	26	38,372,987
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
a B	27	Unrestricted net assets	123,210,851	27	138,623,774
<u> </u>	28	Temporarily restricted net assets	4,514,430	28	5,858,633
뒫	29	Permanently restricted net assets	10,608,701	29	10,618,529
r Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
ž	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	138,333,982	33	155,100,936
<u> </u>	l	Total liabilities and net assets/fund balances	181,781,228	34	193,473,923

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)				
•	Total revenue (must equal rait viii, column (A), mie 12)	1		73,7	704,402
2	Total expenses (must equal Part IX, column (A), line 25)	2		68,2	263,197
3	Revenue less expenses Subtract line 2 from line 1	3			141,205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				141,203
	, , , , , , , , , , , , , , , , , , , ,	4		138,3	333,982
5	Net unrealized gains (losses) on investments	5		9,5	547,889
6	Donated services and use of facilities				
7	Investment average	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
_	ther changes in necrosses of faile salances (explain in selledale c).	9		1,7	777,860
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		155,1	100,936
Par	t XII Financial Statements and Reporting	<u>'</u>			
	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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	n		
	Separate basis Consolidated basis Both consolidated and 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 sepa basis, consolidated basis, or both	rate			
	Separate basis 🔽 Consolidated basis 🗆 Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 13-1667053

Name: AMERICAN INSTITUTE OF PHYSICS INC

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

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct otracto	ors, rs	Tru	ste	es, k	(ey	Employees, High	nest	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (i nan o n is b	ne b oth ctor,	ox, u an of trus	ınless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
LOUIS J LANZEROTTI	10 0									
CHAIRMAN	0 0	X		Х				30,000	0	0
MALCOLM BEASLEY DIRECTOR	1 0	×						0	0	О
G FRITZ BENEDICT	0 0	×						0	0	0
DIRECTOR J DANIEL BOURLAND	0 0									
DIRECTOR	0 0	×						0	0	0
ROBERT BYER	1 0	x						0	0	0
DIRECTOR TIMOTHY A COHN	0 0									
DIRECTOR	0 0	Х						0	0	0
BRUCE H CURRAN	1 0	х						0	0	0
DIRECTOR BETH CUNNINGHAM	0 0							_		_
DIRECTOR	5 0	X						0	0	0
ROBERT DOERING	1 0	x						0	0	О
DIRECTOR MICHAEL D DUNCAN	1 0	×						0	0	0
DIRECTOR DAVID ERNST	0 0							0	0	0
DIRECTOR	10	×						0	0	0
JANET FENDER	1 0	x						0	0	0
DIRECTOR JUDITH FLIPPEN-ANDERSON	0 0 15 0									
SECRETARY	0 0	×		Х				22,683	0	0
BRIAN J FRASER	1 0	х						0	0	0
DIRECTOR JAIME FUCUGAUCHI	0 0									
DIRECTOR	0 0	Х						0	0	0
A JEFFREY GIACOMIN	1 0	×						0	0	0
DIRECTOR MARK HAMILTON	0 0	<u> </u>								
DIRECTOR	0 0	×						0	0	0
PAUL L KELLEY DIRECTOR	10	×						0	0	0
ANGELA R KEYSER	10	×						0	0	0
DIRECTOR JAMES T KIRBY JR	0 0									
DIRECTOR	0 0	×						0	0	О
KATE KIRBY	1 0	x						0	0	0
DIRECTOR RUDOLF LUDEKE	3 0						_			
DIRECTOR	0 0	Х						0	0	0
JILL MARSHALL	1 0	х						0	0	0
DIRECTOR KEVIN B MARVEL	0 0									
DIRECTOR	0 0	Х						0	0	0
CHRISTINE MCENTEE	1 0	х						0	0	0
DIRECTOR] 00		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>

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

Compensated Employees, and Ir	ndependent Cor	ntracto	rs			•	•	. , , ,	1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor/	ox, u an of /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033 112007	2,1000	related organizations
ELIZABETH A ROGAN	1 0	х						0	0	0
DIRECTOR CHARLES E SCHMID	0 0									
DIRECTOR	0 0	х						0	0	0
JOSEPH SERENE	1 0									
DIRECTOR	5 0	Х						0	0	0
NEAL SHINN	1 0	x						0	0	0
DIRECTOR SCOTT SOMMERFELDT	0 0									
DIRECTOR	0 0	х						0	0	0
GENE SPROUSE	1 0									
DIRECTOR	0 0	Х						0	0	0
GAY STEWART	1 0	х						0		0
DIRECTOR HERVEY PETER STOCKMAN	0 0									
DIRECTOR	0 0	х						0	0	0
MICHAEL TURNER	1 0	×						0	0	0
DIRECTOR	0 0							Ů	Ů	
BENJAMIN B SNAVELY	15 0	x		х				33,415	0	0
SECRETARY H FREDERICK DYLLA	0 0 40 0									
EXECUTIVE DIRECTOR	3 0	X		Х				493,230	0	70,798
Timothy Grove	1 0	х						0	0	0
DIRECTOR SAMUEL ARONSON	0.0							,	,	
DIRECTOR	1 0	х						0	0	0
FRANK KRAUSE	0 0									
DIRECTOR	0 0	Х						0	0	0
MARY BETH MONROE	1 0	x						0	0	0
DIRECTOR FAITH MORRISON	0 0									
DIRECTOR	0 0	х						0	0	0
CHARLES CARTER	1 0									
DIRECTOR	0 0	X						0	0	0
RICHARD BACCANTE	40 0			x				465,535	0	28,200
CFO THERESA C BRAUN	5 0 40 0									
VICE PRESIDENT	0 0			Х				218,040	0	31,728
JOHN HAYNES	40 0			Х				473,701	0	36,325
VICE PRESIDENT	0 0							473,701	Ů	30,323
CATHERINE O'RIORDAN	40 0			х				224,339	0	25,252
VICE PRESIDENT CATHERINE SWARTZ	0 0 40 0						\vdash			
CFO	5 0		L	Х	L		L	204,000	0	49,161
EVAN OWENS	40 0				х			209,603	0	49,734
CIO RANDOLPH NANNA	0 0		_					200,000		15,751
	40 0				×			196,063	0	29,962
PUBLISHER MAGAZINE PUBLISH LISA MCLAUGHLIN	0 0 40 0	-								
Director Publishing Operations	0 0				X			171,074	0	27,552

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo oth a ctor/	ox, u an of trust	nless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
ADRIANA ACOSTA	40 0				х			267,313	0	35,492
HEAD OF GLOBAL SALES MARK CASSAR	0 0									
PUBLISHER	40 0				х			160,386	0	26,774
ROY LEVENSON	40 0				х			193,631	0	10,407
CFO CFO	0 0									,
WENDY MARRIOTT	40 0					х		175,465	0	46,189
HEAD OF IT OPERATION	0.0									
LORI CARLIN-SIEGEL DIR,CIRCULATION & FULFILLLMENT	40 0					х		263,551	0	14,584
TERENCE HULBERT	40 0									
DIR OF BUS DEVELOPMENT	0 0					Х		170,993	0	19,319
JOEL LACALAMITA	40 0					Х		149,998	0	25,819
DIR OF INFRAST COM	0 0									
PAT HOEFFNER	40 0					Х		150,668	0	25,582
DIR OF BUS DATA AN	0 0							232,000		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311013624

OMB No 1545-0047

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.

► 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 INSTITUTE OF PHYSICS INC Employer identification number

13-1667053

	rt I			blic Charity Sta						nstructions		
The	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	ox)			
1	Γ	A chur	ch, convent	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b	o)(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)					
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Г			n organization operat	ed ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the	
_	_			ty, and state	h a 6 a a a 11 a a a						مر ام مارس	_
5	ļ	_	•	erated for the benefi	_	or universit	ty owned or o	perated by a	a governmeni	tai unit desc	ribed in	
•	_			A)(iv). (Complete P	·	al unit doco	whad in acat i	an 170(h)(1)(A)()			
6 7	<u> </u>			local government or	_					rom the gen	aral public	
,	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	🔽 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
		receipt	s from activ	ities related to its ex	kempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	/3% of	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	isinesses	
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)			
10	An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated											
e f	Γ	other the section	nan foundatı ı 509(a)(2) rganızatıon	ox, I certify that the on managers and otl received a written do	ner than one	or more pub	licly support	ed organızat	ions describ	ed in sectioi	n 509(a)(1	l)or
g		Since A followir	ng persons?	2006, has the organi								No.
				governing body of th	•		•	persons des	scribed iii (ii)		Yes	No
		-		er of a person descri		_				11g		
			•	lled entity of a perso	• •		ahove?			11g(``	
h				ng information about						119	,	
				.9	о аррона	- u - u - g u <u>-</u> u	(5)					
	i) Nam suppoi rganiza	rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organization col (i) listo your gove docume	on in ted in rning	(v) Did you the organiz in col (i) o suppor	zation fyour	(vi) Is a organizati col (i) org	ion in anized	(vii) Am mone supp	tary
				instructions))	Yes	No	Yes	No	Yes	No]	
Tota	1										1	

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	(b) 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.)

	ction A. Public Support	_						
Cale	ndar year (or fiscal year beginning 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")	648,313	757,520	1,003,190	3,771,663	49	90,601	6,671,287
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	62,683,321	60,815,235	59,434,250	58,729,889	57,99	55,799	299,618,494
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	Total. Add lines 1 through 5	63,331,634	61,572,755	60,437,440	62,501,552	58,44	16,400	306,289,781
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons							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
c	Add lines 7a and 7b						$\overline{}$	0
8	Public support (Subtract line 7c from line 6)							306,289,781
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
9	A mounts from line 6	63,331,634	61,572,755	60,437,440	62,501,552	58,44	6,400	306,289,781
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,030,948	4,109,586	4,177,709	4,754,933	•	6,181	20,649,357
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c	Add lines 10a and 10b	3,030,948	4,109,586	4,177,709	4,754,933	4,57	'6,181	20,649,357
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,706,138	8,752,563	8,988,638	8,626,176	8,61	.5,542	42,689,057
13	Total support. (Add lines 9, 10c, 11, and 12)	74,068,720	74,434,904	73,603,787	75,882,661		88,123	369,628,195
14	check this box and stop here			, third, fourth, or	fifth tax year as a	a 501(c)(3)	organ	ızatıon, ▶┌
<u>5e</u> 15	ction C. Computation of Pul Public support percentage for 201			13 column (f))		145		02.064.00
16	Public support percentage from 20			15, column (1))		15 16		82 864 % 82 789 %
Se	ction D. Computation of Inv	vestment Inco	me Percenta	ge				
17	Investment income percentage for	2013 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		5 586 %
18	Investment income percentage fro					18		5 617 %
19a	33 1/3% support tests—2013. If th	e organızatıon dıd	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%	o, and	line 17 is not_

^{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		formation. Provide the explanations required by Part II, line 10; Part II, ne 12. Also complete this part for any additional information. (See instru							
	Facts And Circumstances Test								
Retu	Return Reference Explanation								
		Schodulo A / Form 0	000 er 000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493311013624

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-FZ, Part V, line 35c (Proxy Tax), then

	me of the organization ERICAN INSTITUTE OF PHYSICS INC			En	ıployer ider	ntification number
Airit	ERICAN INSTITUTE OF THISICS INC			13	-1667053	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a se	ction 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polıt	tical campaign act	ivities in Part I	V	
2	Political expenditures				>	\$
3	Volunteer hours					
Dar	t I=B Complete if the or	ganization is exempt under	section 501(c)(3)		
1		e tax incurred by the organization u			b	¢
2	·	e tax incurred by organization mana			· •	\$
3	·	ection 4955 tax, did it file Form 47	_		•	↑ —
- 4a	Was a correction made?					□ Yes □ No
ь	If "Yes," describe in Part IV					,
	•	ganization is exempt under	section 501(c), except s	ection 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	pt function activ	ities 🕨	\$
2		rganization's funds contributed to o	other organizations	s for section 52	7	
	exempt function activities				•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17	b 🕨	\$
4	Did the filing organization file F	Form 1120-POL for this year?				☐ Yes ☐ No
5		nd employer identification number (For each organization listed, enter t				
		ns received that were promptly and political action committee (PAC) I				
	(a) Name	(b) Address	(c) EIN	(d) A mount filing organ funds If none	nization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
			1			

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	000				
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).	(a)	(b)	
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amou	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?	Yes			
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		:	185,809
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes			
i	O ther activities?		No		
j	Total Add lines 1c through 1i		_	:	185,809
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), c	or section	on
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Γ	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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 include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro rt II-B, line 1 Also, complete this part for any additional information	up list),	, 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: 93493311013624

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

Interna	nternal Revenue Service and its instru		ions is at <u>www.irs.gov/form990</u> .		Inspection
Name of the organization AMERICAN INSTITUTE OF PHYSICS INC				Emp	ployer identification number
ΑМ	ERICAN INSTITUTE (OF PHYSICS INC		13-	1667053
Pa		izations Maintaining Donor Adv		unds	or Accounts. Complete if the
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds		(b) Funds and other accounts
1	Total number a	t end of year	(a) Donor advised funds		(b) Fullus alla other accounts
2		tributions to (during year)			
3	55 5	nts from (during year)			
4	Aggregate valu	ue at end of year			
5		zation inform all donors and donor adviso organization's property, subject to the or		nor adv	rsed Yes No
6	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			
Pa		rvation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.
2	Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education)	certifie	d historic structure
	easement on t	ne last day of the tax year			Held at the End of the Year
а	Total number o	of conservation easements		2a	Tiela at the that of the real
b	Total acreage	restricted by conservation easements		2b	
С	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►				
4	Number of stat	tes where property subject to conservati	ion easement is located ►		
5	_	nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
6	Staff and volun	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
7	A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year
	► \$				
8		nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ι)
9	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		
Pai		izations Maintaining Collection ete if the organization answered "Y		or Ot	her Similar Assets.
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse ie, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance sheet
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			▶ \$
		luded in Form 990, Part X			
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS			
а	_	uded in Form 990, Part VIII, line 1	-		▶ \$
ь		ed in Form 990. Part X			<u></u>

	Organizations Maintaining Co	llections of Art,	пізсо	ilcai ile	asures, or o	mer	Sillillai ASS	ets (continuea)
	sing the organization's acquisition, access illection items (check all that apply)	ion, and other records	s, chec	_	_		ignificant use o	of its
а Г	Public exhibition		d [Loan or	exchange progr	ams		
ь Г	Scholarly research		е Г	Other				
сГ	Preservation for future generations							
	rovide a description of the organization's c art XIII	ollections and explain	n how th	ey further	the organization	's exe	mpt purpose ın	
	uring the year, did the organization solicit							-
as Part I	sets to be sold to raise funds rather than V Escrow and Custodial Arrang	<u>`</u>					<u> </u>	Yes No
Part	Part IV, line 9, or reported an ar					u re	5 (0 (0)))) 95	
	the organization an agent, trustee, custod cluded on Form 990, Part X?					ets no		Yes No
b If	"Yes," explain the arrangement in Part XI $$	II and complete the fo	ollowing	g table	_			
					-		Amo	ount
_	eginning balance				-	1c		
	dditions during the year				-	1d		
_	istributions during the year				-	1e		
	nding balance				L	1f		
2a Di	d the organization include an amount on F	orm 990, Part X, line	21?				ı	Yes No
	"Yes," explain the arrangement in Part XI							<u> '</u>
Part \	Endowment Funds. Complete	If the organization (a)Current year	(b)Prior		<u>' to Form 990,</u> (c)Two years back			e)Four years back
1a Be	eginning of year balance	24,131,169		8,659,786	19,432,716		17,514,715	14,026,715
	ontributions	9,828		3,118,587	24,619		63,224	99,289
c Ne	et investment earnings, gains, and losses	2,786,632		2,616,234	-536,268		2,141,240	3,689,029
d Gr	rants or scholarships							
	ther expenditures for facilities in the condition of the	303,182		263,438	261,281		286,463	300,318
	dministrative expenses	26.624.44						
_	nd of year balance	26,624,447		4,131,169	18,659,786		19,432,716	17,514,715
	ovide the estimated percentage of the cur	•	e (line 1	g, column	(a)) held as			
	pard designated or quasi-endowment 🕨	43 000 %						
b Pe	ermanent endowment ► 40 000 %							
	emporarily restricted endowment > 17 ne percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%						
	re there endowment funds not in the posse	ssion of the organizat	ion tha	t are held a	and administered	d for tl	he	
	ganization by) unrelated organizations					_	3a(i)	Yes No
	i) related organizations						3a(ii	
	"Yes" to 3a(II), are the related organization		on Sch	edule R?			3b	
4 De	escribe in Part XIII the intended uses of t							
Part V	Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne orga	anization a	answered 'Yes	' to F	orm 990, Par	t IV, line
	Description of property			(a) Cost or ot asıs (ınvestm			(c) Accumulated depreciation	(d) Book value
1a Lan	d							
	ldıngs						<u> </u>	
b Bui	cahald improvements		_		5.056	5,388	3,238,674	1,817,714
	sehold improvements		` ⊢		3,030		0,200,011	1,017,714
c Lea d Equ	upment		-		15,446		14,717,193	728,938
c Lea d Equ e Oth	·			(0)	15,446 2,359		14,717,193 2,309,722	728,938

Part VII Investments—Other Securities. Co	omplete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) OPPORTUNISTIC INVESTMENTS	32,787,980	F
Table (Caluma (h) annat anna (5 ann 200 Part V ann (2) han 12)	▶ 32.787.980	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. (
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of end of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		, Part IV, line 11d See Form 990, Part X, line 15
(1) INVESTMENT IN ACP	emption	(b) Book value 10,282,438
(-)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line		10,282,438
Part X Other Liabilities. Complete if the organization of Form 990, Part X, line 25.	ganization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
ACCRUED POSTRETIREMENT MEDICAL PLAN	10,736,334	
DUE TO MEMBER SOCIETIES	2,862,088	
ROUNDING	2	
	1	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 13,598,424	
2 Liability for uncortain tax positions In Part VIII provi	da bha baub af bha faabaaba ba bha	

	the organization answ	vered 'Yes' to Form 990, Part IV, line	12a.		_	
1	Total revenue, gains, and othe	r support per audited financial statements			1	
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants	s	2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d .				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5		d 4c. (This must equal Form 990, Part I, line			5	
Part		xpenses per Audited Financial St			s per	Return. Complete
		swered 'Yes' to Form 990, Part IV, lin			T .	T
1	·	raudited financial statements			1	
2		t not on Form 990, Part IX, line 25	۱ ـ	1		
a		acilities				
Ь	,		2b			
с	Other losses		2c			
d			2d		4 _	
e	-				2e	
3					3	
4		0, Part IX, line 25, but not on line 1:	1 -	1		
a		uded on Form 990, Part VIII, line 7b			_	
b	•		4b		_	
С					4c	
5		nd 4c. (This must equal Form 990, Part I, li	ne 18)		5	
	XIII Supplemental Info					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				le any additional
	Return Reference	Explanation				
SUPPI	EMENTAL INFORMATION	PART V - THE ENDOWMENT FUNDS AR STUDENTS AND SPECIAL PROGRAMS PART X - AIP's accounting policy for evalifit is more-likely-than-not that the posit AIP does not believe there are any unreconstitution.	WITHIN Iluating Ion woul	THE PHYSICS RESOU Uncertain tax positions d not be sustained upor	JRCES is to re n exam	CENTER AT AIP ecognize tax positions nination by the IRS

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if

•	<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: 93493311013624

SCHEDULE F (Form 990)

Department of the Treasury

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.

OMB No 1545-0047

2013

Open to Public Inspection

illemai r	Revenue Service					Tushection
	of the organization				Employer iden	tification number
AMEF	RICAN INSTITUTE OF PHYSICS	SINC			13-1667053	
Par	General Information "Yes" to Form 990, Pai			ne United States. Co	mplete if the organi	zation answered
1	For grantmakers. Does the o	rganızatıon ma	aıntaın records	to substantiate the a	mount of its grants a	nd
	other assistance, the grantee	es' eligibility fo	r the grants o	r assistance, and the s	election criteria used	I
	to award the grants or assista	ance?				. ✓ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its grar	nts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1)	Europe (Including Iceland and Greenland)			Grantmakıng		8,64
(2)	East Asia and the Pacific			Grantmakıng		12,45
(3)	North America			Grantmakıng		1,95
(4)	South America			Grantmakıng		2,50
(5)	East Asia and the Pacific	1	1	Program Services	LIAISON OFFICE	223,31
За	Sub-total	1	1			248,85
	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3b)	1	1		1	248,85

Pa						ited States. Compl duplicated if additior			to Form 990,
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, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **3** 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 be dunlicated if additional space is needed

Part III can be	<u>e duplicated if additi</u>	<u>onal space is ne</u>	eded.				
(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)
(1) INTERN TRAVEL	Europe (Including Iceland and Greenland)	1		CHECK			
(2) PHYSICS ACHIEVEMENTS	East Asia and the Pacific	2	12,453	CHECK			
(3) RESEARCH	Europe (Including Iceland and Greenland)	5	6,142	CHECK			
(4) RESEARCH	North America	1	1,952	CHECK			
(5) RESEARCH	South America	1	2,500	СНЕСК			
(6)							
(7)							
(8)							
(9)							
(10)	1						
(11)							
(12)							
(13)							
(14)	1						
(15)							
(16)							
(17)	1						
(18)	1						
		ı L		<u> </u>		Sahad	ulo E (Form 990) 2013

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

Schedule F (Form 990) 2013 Page **5**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
2	GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US AIP HAS ESTABLISHED AND FOL LOWS DOCUMENTED POLICIES AND PROCEDURES TO MONITOR, EVALUATE AND REVIEW ALL TYPES OF GRANT S, AWARDS AND ASSISTANCE ON A REGULAR BASIS

990 Schedule F, Supplemental Information

Return Reference	Explanation				
SCHEDULE F, PART I, LINE 3F	METHOD OF ACCOUNTING THE ACCOUNTING METHOD USED FOR THE EXPENDITURES SHOWN IS THE ACCRUAL BASIS				

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

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN INSTITUTE OF PHYSICS INC

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: 93493311013624

2013

Open to Public
Inspection

Employer identification number

13-1667053

Part I General Inforn	nation on Grants	and Assistance					
Does the organization man the selection criteria used	l to award the grants o	rassistance?			ity for the grants or ass	sistance, and	∀ Yes ⊢
Describe in Part IV the or		_					
		Governments and ecipient that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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
(1) GEORGE WASHINGTON UNIVERSITY PO BOX 85 WASHINGTON, DC 20055	53-0196584	501(C)(3)	35,999	0			INTERN HOUSING
(2) STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	10,000				PRESERVE DOCUMENTS
(3) ASSOCIATED UNIVERSITIES INC 1400 16TH ST NW STE 730 WASHINGTON,DC 20036	11-1630900	501(C)(3)	10,000	0			PRESERVE DOCUMENTS
(4) INDEPENDENT SCHOOL DISTRICT 1897 DELAWARE AVE MENDOTA HEIGHTS, MN 55118	41-6007628	GOVT	15,000				VIDEO COLECTION PROJECT
(5) TARBUT V'TORAH HIGH SCHOOL 5 FEDERATION WAY IRVINE,CA 92603	95-3374189	501(C)(3)	12,000	0			TEACHER'S DEVELOPMENT PROJ

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

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
(1) TRAVEL AND MEETING EXPENSES	31	15,727	250	FMV	AWARDS
(2) SCHOLARSHIPS AND AWARDS FOR SPS MEMBERS	37	40,800			
(3) A WARDS FOR A CHIEVEMENTS IN PHYSICS	3	20,000			
(4) ORAL HISTORY INTERVIEWS AND RESEARCH PROJECTS	6	11,052			
(5) SCIENCE WRITING AWARDS	3	6,000	368	FMV	ENGRAVED CHAIR
(6) CONGRESSIONAL & US STATE DEPT FELLOWSHIPS	4	176,456			

Part IV Supplemental In	Iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. AIP HAS ESTABLISHED AND FOLLOWS DOCUMENTED POLICIES AND

Schedule I (Form 990) 2013

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

DLN: 93493311013624

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public Inspection

Name of the organization AMERICAN INSTITUTE OF PHYSICS INC **Employer identification number**

13-1667053

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

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

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

Note. The sum of columns (B)(I)-(III) 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	C compensation (C) Retirement and		(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Addıtıonal 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

,,	o complete time pare for any additional minormation				
Return Reference	Explanation				
PART I, LINE 1A	FIRST CLASS TRAVEL DUE TO A MEDICAL CONDITION, FIRST CLASS TRAVEL WAS MADE AVAILABLE TO ONE EMPLOYEE TRAVEL FOR COMPANIONS THE COST OF SPOUSE TRAVEL FOR CERTAIN MEETINGS THAT MR DYLLA'S WIFE IS EXPECTED TO ATTEND IS TREATED AS ADDITIONAL TAXABLE COMPENSATION				
PART I, LINE 3	ESTABLISH CEO COMPENSATION ON AN ANNUAL BASIS AIP RETAINS A COMPENSATION CONSULTING FIRM TO REVIEW THE CURRENT COMPENSATION OF THE CEO, WHICH INCLUDES DETAILED COMPARISONS WITH COMPARABLY SIZED NOT-FOR-PROFIT ORGANIZATIONS AS WELL AS SELECTED PEER SCIENTIFIC AND ENGINEERING ORGANIZATIONS THIS INFORMATION IS REVIEWED BY THE SECRETARY OF THE BOARD AND THE CHAIR OF THE GOVERNING BOARD OF AIP THE CHAIR THEN DISCUSSES IT WITH THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD WHO MAKES THE FINAL DECISION OF THE COMPENSATION FOR THE CEO COMPENSATION FOR THE CEO IS DISCUSSED AND DOCUMENTED DURING THE EXECUTIVE SESSION OF AIP'S BOARD MEETINGS				
PART I, LINE 4A	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR RICHARD BACCANTE \$281,000 TERENCE HULBERT \$ 78,100 LORI CARLIN-SIEGEL \$183,262				
PART I, LINE 4B	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUAL PARTICIPATED IN SECTION 457(F) SUPPLEMENTAL, NON-QUALIFIED RETIREMENT PLAN H FREDERICK DYLLA THE FOLLOWING 457(F) AMOUNTS WERE DEFERRED DURING THE YEAR H FREDERICK DYLLA \$25,000 THE FOLLOWING 457(F) AMOUNTS BECAME VESTED IN OR PAID OUT DURING THE YEAR H FREDERICK DYLLA \$0				

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 13-1667053

Name: AMERICAN INSTITUTE OF PHYSICS INC

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred		(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
H FREDERICK DYLLA EXECUTIVE DIRECTOR	(1) (11)		1,000 0	23,808 0	50,500 0	20,298 0	564,028 0	0 0
RICHARD BACCANTE CFO	(1) (11)		1,000 0	341,613 0	18,414 0	9,786 0	493,735 0	0
THERESA C BRAUN VICE PRESIDENT	(1) (11)		1,000	484 0	21,310 0	10,418 0	249,768 0	0
JOHN HAYNES VICE PRESIDENT	(1) (11)		65,000 0	21,161 0	25,500 0	10,825 0	510,026 0	0
CATHERINE O'RIORDAN VICE PRESIDENT	(I) (II)		1,000	505 0	22,603 0	2,649 0	249,591 0	0
EVAN OWENS CIO	(1) (11)		4,923 0	25 0	21,572 0	28,162 0	259,337 0	0
RANDOLPH NANNA PUBLISHER MAGAZINE PUBLISH	(I) (II)		9,000, e 0	484 0	19,630 0	10,332 0	226,025 0	0
LISA MCLAUGHLIN Director Publishing Operations	(1) (11)	0	4,750 0	4 0	17,285 0	10,267 0	198,626 0	0
ADRIANA ACOSTA HEAD OF GLOBAL SALES	(I) (II)		72,360 0	2,956 0	25,500 0	9,992 0	302,805 0	0
CATHERINE SWARTZ CFO	(1) (11)		3,000 0	484 0	21,028 0	28,133 0	253,161 0	0
WENDY MARRIOTT HEAD OF IT OPERATION	(I) (II)		3,500 0	684 0	18,140 0	28,049 0	221,654 0	0
LORI CARLIN-SIEGEL DIR,CIRCULATION & FULFILLLMENT	(1) (11)		1,000 0	209,527 0	8,177 0	6,407 0	278,135 0	0
MARK CASSAR PUBLISHER	(1) (11)		5,923 0	4 0	16,782 0	9,992 0	187,160 0	0
ROY LEVENSON CFO	(1) (11)		34,173 0	324 0	0	10,407	204,038	0
TERENCE HULBERT DIR OF BUS DEVELOPMENT	(ı) (ıı)		20,324 0	98,939 0	9,327 0	9,992 0	190,312 0	0
JOEL LACALAMITA DIR OF INFRAST COM	(I) (II)		2,173 0	484 0	15,827 0	9,992 0	175,817 0	0
PAT HOEFFNER DIR OF BUS DATA AN	(ı) (ıı)	146,761 0	3,423 0		15,590 0	9,992 0	176,250 0	0

DLN: 93493311013624

Employer identification number

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury

Internal Revenue Service

Name of the organization AMERICAN INSTITUTE OF PHYSICS INC

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

13-1667053 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (c) Purpose of (d) Loan to (a) Name of (b) (e)Original (f)Balance (g) In (h) (i)Written ınterested Relationship loan or from the principal due default? Approved agreement? with organization? amount person by organization board or committee? Τо From Yes No Yes No Yes No 1 692 (1) THERESA VP - HR REPAYMENT Χ Νo Yes Nο C BRAUN Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Business Transactions In			20 201 20		
Complete if the organization	<u>n answered "Yes" on F</u>	<u>-orm 990, Part IV, lin</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	: zatıon's
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493311013624

OMB No 1545-0047

2013

Open to Public Inspection

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.

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

Return Reference	Explanation
FORM 990, PART III, LINE 3 - SIGNIFICANT CHANGES TO PROGRAM SERVICES	ON JANUARY 22, 2013, THE AMERICAN INSTITUTE OF PHYSICS ("AIP") FORMED AIP PUBLISHING, LLC, A SINGLE-MEMBER LIMITED LIABILITY COMPANY OWNED BY AIP IT IS TREATED AS A DISREGARDED ENTITY WITH RESPECT TO AIP, WHOSE PRIMARY PURPOSE IS TO SUPPORT THE SCIENTIFIC AND EDUCATIONAL MISSION OF AIP THROUGH SCHOLARLY PUBLISHING ACTIVITIES IN THE PHYSICAL AND RELATED SCIENCES FORM 990 PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS AIP PUBLISHING, LLC ("AIPP") IS A SINGLE-MEMBER LIMITED LIABILITY COMPANY OWNED BY THE AMERICAN INSTITUTE OF PHYSICS ("AIP") AIPP IS A SCHOLARLY PUBLISHER IN THE PHYSICAL AND RELATED SCIENCES, PROVIDING THE GLOBAL SCIENCE COMMUNITY WITH A COMPREHENSIVE COLLECTION OF CITED, PEER-REVIEWED SCIENTIFIC PAPERS AND OTHER INFORMATION ACCESSED BY RESEARCHERS AT NEARLY 4,000 INSTITUTIONS WORLDWIDE, AIPP'S PORTFOLIO OF 17 JOURNALS INCLUDES PRESTIGIOUS TITLES SUCH AS APPLIED PHYSICS LETTERS, JOURNAL OF APPLIED PHYSICS, THE JOURNAL OF CHEMICAL PHYSICS, AND THE AIP CONFERENCE PROCEEDINGS AIPP SUPPORTS THE SCIENTIFIC AND EDUCATIONAL MISSION OF AIP THROUGH ITS SCHOLARLY PUBLISHING ACTIVITIES AND ALSO WORKS WITH SEVERAL OF AIP'S MEMBER SOCIETIES AND OTHER PUBLISHING PARTNERS TO HELP THEM ADVANCE THEIR PUBLISHING MISSIONS

Return Reference	Explanation
FORM 990 PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	AP PROGRAMS. IN KEEPING WITH ITS MISSION AND TO PLANT. AP PROGRAMS. IN KEEPING WITH ITS MISSION AND TO PLANT. IN FORMATION, EDUCATION AND RELATED ACTIVITIES, AIP OFFERS UNIQUE SERVICES, PRODUCTS, AND EXPERTISE IN EDUCATION AND STUDENT SERVICES, HISTORY OF PHYSICS, MEDIA AND GOVERNMENT RELATIONS, MAGAZINE PUBLISHINGS AND BURLOY WITH SERVICES, HISTORY OF PHYSICS, MEDIA AND GOVERNMENT RELATIONS, MAGAZINE PUBLISHING AND EMPLOYMENT SERVICES, HISTORY OF PHYSICS, AND AND EMPLOYMENT SERVICES, HISTORY OF PHYSICS AND ADEMINE THE CONTRIBUTIONS AND PROPERSONALS, STATISTICAL RESEARCH, AND INDUSTRY OUTREACH WITH THE PURPOSE OF PROMOTING THE PROGRESS AND RELEVANCE OF PHYSICS AND ALLED FELLOS AND ADVANCE THERE CONTRIBUTIONS AND RESPONSIVENESS TO SOCIETY, AIP GENERATES, COMMUNICATES AND POPULARIZES KNOWLEDGE, UNIQUE EXPERTISE AND AUTHORITATIVE INFORMATION APPSEARCH THE FOLLOWING AUDITORS. AND MEMBERS AND AUTHORITATIVE INFORMATION APPSEARCH THE FOLLOWING AUDITORS. STUDENTS AND THE GENERAL PUBLIC. THE SOCIETY OF PHYSICS STUDENTS (SPS) IS A SCIENTIFIC SOCIETY FOR PHYSICS AND THE SOCIETY FOR PHYSICS STUDENTS AND THE GENERAL PUBLIC. THE SOCIETY OF PHYSICS STUDENTS (SPS) IS A SCIENTIFIC SOCIETY FOR PHYSICS STUDENTS AND THE ADMITTANCE AND THE PHYSICS HONORS SOCIETY. RECOGNIZES OUTSTANDING SCHOLARS IN PHYSICS, ENCOURAGES INTEREST IN THE FIELD, AND PROMOTES AN ATTITUDE OF SERVICE AMONG ITS O'VER'S 5,000 MEMBERS TOWARDS INTEREST IN THE FIELD, AND PROMOTES AND ATTITUDE OF SERVICE AMONG ITS O'VER'S 5,000 MEMBERS TOWARDS INTEREST IN THE FIELD, AND PROMOTES AND STUDENTS INTERESTED IN THE PHYSICS STUDENTS AND SIGNAR PHOVIDE HINTERS. SCHOLARSHIPS, SCHOLAR

Return Reference	Explanation
FORM 990, PART VI, LINE 6	AIP IS A NON-STOCK, NON-PROFIT MEMBERSHIP CORPORATION

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	EACH OF AIP TEN MEMBER SOCIETIES MAY ELECT ONE OR MORE MEMBERS TO AIP GOVERNING BOARD

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE FROM AIP'S SENIOR MANAGEMENT THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AND THEN MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING

Return Reference	Explanation
1 '	EACH YEAR A CONFLICT OF INTEREST FORM IS COMPLETED BY ALL REQUIRED INDIVIDUALS. THE SECRETARY OF AIP REVIEWS AND EVALUATES IF THERE IS ANY CONFLICT OF INTEREST AND ITS IMPACT TO THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	ON AN ANNUAL BASIS AIP RETAINS A COMPENSATION CONSULTING FIRM TO REVIEW THE CURRENT COMPENSATION OF THE CEO, WHICH INCLUDES DETAILED COMPARISONS WITH COMPARABLY SIZED NOT-FOR-PROFIT ORGANIZATIONS AS WELL AS SELECTED PEER SCIENTIFIC AND ENGINEERING ORGANIZATIONS THIS INFORMATION IS REVIEWED BY THE SECRETARY OF THE BOARD AND THE CHAIR OF THE GOVERNING BOARD OF AIP THE CHAIR THEN DISCUSSES IT WITH THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD WHO MAKES THE FINAL DECISION OF THE COMPENSATION FOR THE CEO A RECORD OF THE DISCUSSION AND COMPENSATION ACTIONS ARE RECORDED IN THE EXECUTIVE COMMITTEE MEETING MINUTES

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	BIANNUALLY AIP RETAINS A COMPENSATION CONSULTING FIRM TO REVIEW THE CURRENT COMPENSATION OF THE OPERATING OFFICERS THE REPORT INCLUDES DETAILED COMPARISONS WITH COMPARABLY SIZED NOT-FOR-PROFIT ORGANIZATIONS AND SELECTED PEER SCIENTIFIC AND ENGINEERING ORGANIZATIONS THIS INFORMATION IS REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND THE CEO THE CEO MAKES A RECOMMENDATION TO THE COMPENSATION COMMITTEE FOR APPROVAL PERIODICALLY THIS PROCESS IS DONE FOR KEY EMPLOYEES AND IS REVIEWED AND APPROVED BY THE MANAGEMENT COMMITTEE. THE DELIBERATIONS ARE DOCUMENTED IN THE MINUTES

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE AIP WEBSITE HAS A GOVERNANCE SECTION THAT INCLUDES THE GOVERNING DOCUMENTS ALSO, ON THE WEBSITE ARE ANNUAL REPORTS THAT INCLUDE FINANCIAL HIGHLIGHTS FOR AIP

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB Adoption Post Retirement Plans 1,777,860

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493311013624

Employer identification number

OMB No 1545-0047 2013

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection

AMERICAN INSTITUTE OF PHYSICS INC						
				13-1667053	3	
Part I Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (a) Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity Primary activity Primary activity Publishing ILC 1305 WALT WHITMAN ROADSTE 300 MELVILLE, NY 11747 13-1667053 MELVILLE, NY 11747						
					Direct controlling	
1305 WALT WHITMAN ROADSTE 300 MELVILLE, NY 11747	PUBLISHING	NY	48,908,000	42,949,000	AIP	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

or more related tax-exempt organizations during th	ne tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	512(b)
						Yes	No
(1) PHYSICS CONFERENCES INCORPORATED ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740 52-2205188	CONFERENCES	DE	501(C)(3)	9	AIP		No
(2) AMERICAN CENTER FOR PHYSICS	BUILDING	MD	501(C)(3)	11B	NA		No
ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740 52-1712905							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y		Schedule R (Form	990) 2	013

Schedule R (Form 990) 2013													Page	e 2
Part III Identification of Related Or because it had one or more re						ızatıon an	swered "Y	es" or	n Form	990, Pari	IV,	line :	34	
(a) Name, address, and EIN of related organization	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	total incom	I	(h Disprop allocat	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana partr	ral or aging ner?	(k Percer owne	ntage
(1) NEW CRYSTALLOGRAPHY JOURNAL		PUBLISHING	DE	NA	RELATED		5,246	Yes	No No		Yes Yes	No	50.0	000 %
LLC 1305 WALT WHITMAN ROAD SUITE 300 MELVILLE, NY 11747 90-0988084		PODLISHING	DE	INA	REDATED		5,246		NO		res		30 0	700 %
Part IV Identification of Related Or line 34 because it had one or r								swere	d "Yes	s" on Form	990	, Par	t IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f countr	il :ile foreign	Direc	entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of tota income	I Share	(g) e of end- year assets	of- Perce	n) Intage Ership		(i) Section (b)(1 contro entit	n 512 13) olled
(1) AIP GLOBAL INC	INTERNATIONAL	DE		AIP	c c	ORP	28,40	17	87,6	75 100 (000 %		Yes Yes	No
							•					- 1		l .

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(contro entr	13) olled ty?
(1) AIP GLOBAL INC 1305 WALT WHITMAN ROAD STE 300 MELVILLE, NY 11747 27-0602778	INTERNATIONAL	DE	AIP	C CORP	28,407	87,675	100 000 %	Yes	No
							Cabadula D (Farre		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

1 During the tax year, did the orgranization engage in any of the following transactions with one or mor	re related organizations	listed in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)				1b		No			
c Gift, grant, or capital contribution from related organization(s)				1c		No			
d Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes				
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes				
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes				
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
• Sharing of paid employees with related organization(s)				10	Yes				
P Reimbursement paid to related organization(s) for expenses				1p	Yes				
q Reimbursement paid by related organization(s) for expenses				1q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1s		No			
5 other drainster or east or property from related organization(5)									
2 If the answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including	covered relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved				
1) AIP GLOBAL INC	P	188,779	AGREEMENT						

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	NAME, ADDRESS, & EIN OF RELATED ORGANIZATION NEW CRYSTALLOGRAPHY JOURNAL, LLC 1305 WALT WHITMAN ROAD, SUITE 300 MELVILLE, NY 11747 EIN 90-0988084
COLUMN D	DIRECT CONTROLLING ENTITY FROM JANUARY 1, 2013 THROUGH JANUARY 31, 2013, AMERICAN INSTITUTE OF PHYSICS ("AIP") OWNED 100% OF AIP GLOBAL FROM FEBRUARY 1, 2013 THROUGH DECEMBER 31, 2013, AIP PUBLISHING LLC, A DISREGARDED ENTITY WITH RESPECT TO AIP, OWNED 100% OF AIP GLOBAL

Schedule R (Form 990) 2013