

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AMERICAN INSTITUTE OF PHYSICS, INC.			<b>D</b> Employer identification number 13-1667053	
	Doing Business As			<b>E</b> Telephone number (301) 209-3100	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	ONE PHYSICS ELLIPSE				
City or town, state or province, country, and ZIP or foreign postal code COLLEGE PARK, MD 20740-3843			<b>G</b> Gross receipts \$ 79,890,854.		
<b>F</b> Name and address of principal officer: MICHAEL MOLONEY SAME AS 'C' ABOVE			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ WWW.AIP.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1931 <b>M</b> State of legal domicile: NY		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: AIP'S MISSION IS TO ADVANCE, PROMOTE AND SERVE THE PHYSICAL SCIENCES FOR THE BENEFIT OF HUMANITY.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 17.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 15.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b> 321.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 172.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 2,973,197.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 7,147,272. <b>Current Year</b> 460,087.
	<b>9</b> Program service revenue (Part VIII, line 2g)	66,215,116. 66,750,486.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,905,414. 7,508,306.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,822,126. 5,171,975.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,089,928. 79,890,854.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		33,796,881. 37,323,377.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0. 35,920.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,653,195.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,464,068. 37,980,514.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		73,081,658. 76,340,677.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,008,270. 3,550,177.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 252,135,023. <b>End of Year</b> 265,323,832.
	<b>21</b> Total liabilities (Part X, line 26)	43,683,768. 38,936,807.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	208,451,255. 226,387,025.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer		Date		
	CATHERINE G. SWARTZ		CFO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC BERGER	<i>Marc Berger</i>	11/10/2021		P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600	
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 39,195,230. including grants of \$ 0. ) (Revenue \$ 62,470,759. )

PUBLISHING RELATED. SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 25,339,959. including grants of \$ 1,000,866. ) (Revenue \$ 1,606,905. )

PHYSICAL SCIENCE PROGRAMS AND RESOURCES. SEE SCHEDULE O

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d** Other program services (Describe on Schedule O.) ATTACHMENT 1  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e** Total program service expenses ▶ 64,535,189.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions . . . . .	X	
<b>18</b> 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> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> 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>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> 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>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN HAYNES AIPP CEO	40.00 0.				X			616,193.	0.	35,298.
(2) MICHAEL MOLONEY CEO	40.00 10.00	X		X				578,308.	0.	47,140.
(3) ROY LEVENSON AIPP, CFO	40.00 0.				X			431,322.	0.	53,730.
(4) JASON WILDE AIPP, CHIEF PUBLISHING OFFICER	40.00 0.				X			410,895.	0.	56,041.
(5) CATHERINE SWARTZ CFAO	40.00 10.00			X				351,550.	0.	49,740.
(6) STEPHEN MACKWELL DEO	40.00 0.			X				312,398.	0.	57,203.
(7) NAOMI SCHMUCKLER SR. DIR., HUMAN RESOURCES	40.00 0.					X		287,352.	0.	28,654.
(8) KEVIN STEINER AIPP, HEAD OF GLOBAL SALES	40.00 0.				X			228,805.	0.	53,733.
(9) TRACY DENEIN AIPP, HEAD OF INFO TECHNOLOGY	40.00 0.				X			212,481.	0.	68,697.
(10) ALEXANDRA VANCE AIPP, CEO	40.00 0.				X			261,825.	0.	15,743.
(11) SARA GIRAD AIPP, HEAD OF MKT AND COMM	40.00 0.					X		223,079.	0.	52,806.
(12) RACHEL IVIE SR. DIR., EDUCATION & RESEARCH	40.00 0.					X		201,231.	0.	68,612.
(13) SHERRY RENDER CONTROLLER	40.00 0.					X		219,022.	0.	43,963.
(14) PETER INCHAUTEGUIZ SR. DIRECTOR, STRATEGIC MKT	40.00 0.					X		212,457.	0.	21,477.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) LARRY FISHBEIN ----- SR. DIR., NEWS AND MAGAZINES	40.00 ----- 0.				X			201,010.	0.	19,339.
( 16) DAVID HELFAND ----- CHAIR	10.00 ----- 10.00	X		X				70,000.	0.	0.
( 17) JUDY DUBNO ----- SECRETARY	10.00 ----- 0.	X		X				0.	0.	0.
( 18) SUSAN AVERY ----- VICE CHAIR & DIR. AT LARGE	8.00 ----- 0.	X						0.	0.	0.
( 19) SUSAN BURKETT ----- DIRECTOR	8.00 ----- 0.	X						0.	0.	0.
( 20) BRUCE CURRAN ----- DIRECTOR	4.00 ----- 0.	X						0.	0.	0.
( 21) ERIC FURST ----- DIRECTOR	4.00 ----- 0.	X						0.	0.	0.
( 22) JACK HEHN ----- DIRECTOR	8.00 ----- 0.	X						0.	0.	0.
( 23) JOHN KENT ----- TREASURER AND DIR. AT LARGE	8.00 ----- 4.00	X		X				0.	0.	0.
( 24) ALLISON MACFARLANE ----- DIRECTOR AT LARGE	4.00 ----- 0.	X						0.	0.	0.
( 25) MICHAEL MORGAN ----- DIRECTOR	8.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								4,817,928.	0.	672,176.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,817,928.	0.	672,176.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 98

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ELIZABETH NOLAN ----- DIRECTOR	4.00 ----- 0.	X					0.	0.	0.	
( 27 ) TYRONE PORTER ----- DIRECTOR	4.00 ----- 0.	X					0.	0.	0.	
( 28 ) EFRAIN RODRIGUEZ ----- DIRECTOR	4.00 ----- 0.	X					0.	0.	0.	
( 29 ) NATHAN SANDERS ----- DIRECTOR AT LARGE	4.00 ----- 0.	X					0.	0.	0.	
( 30 ) JAMES TAYLOR ----- DIRECTOR	4.00 ----- 3.00	X					0.	0.	0.	
( 31 ) CHICK WOODWARD ----- DIRECTOR	8.00 ----- 0.	X					0.	0.	0.	
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 98

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	43,079.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	160,076.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	256,932.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 100,364.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		460,087.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		PUBLISHING RELATED		511120	64,384,013.	62,315,351.	2,068,662.	
<b>b</b>		PHYSICAL SCIENCES		900099	2,366,473.	1,461,938.	904,535.	
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			66,750,486.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			5,599,527.		5,599,527.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b>	Royalties . . . . . ▶			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶				0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						1,908,779.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,908,779.				
	<b>d</b>	Net gain or (loss) . . . . . ▶				1,908,779.		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0.				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		0.				
<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶			0.				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0.				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		0.				
<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		0.				
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶			0.				
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	EQUITY GAIN ON ACP		900099	2,465,693.		2,465,693.	
	<b>b</b>	PASS THRU MEMBER SOCIETY		900099	2,184,282.		2,184,282.	
	<b>c</b>	SHARED SERVICES REVENUE AIPF		900099	522,000.		522,000.	
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			5,171,975.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			79,890,854.	63,777,289.	2,973,197.	12,680,281.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	497,206.	497,206.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	477,271.	477,271.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	26,389.	26,389.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,747,928.	2,455,436.	2,292,492.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	23,518,609.	14,891,458.	8,139,047.	488,104.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,426,237.	1,494,837.	886,935.	44,465.
<b>9</b> Other employee benefits . . . . .	4,584,397.	2,827,154.	1,682,102.	75,141.
<b>10</b> Payroll taxes . . . . .	2,046,206.	1,255,121.	756,020.	35,065.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	2,552,497.	463,241.	2,089,256.	
<b>b</b> Legal . . . . .	1,059,483.	290,445.	769,038.	
<b>c</b> Accounting . . . . .	208,631.		208,631.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	35,920.			35,920.
<b>f</b> Investment management fees . . . . .	122,021.		122,021.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	393,706.		393,706.	
<b>12</b> Advertising and promotion . . . . .	2,706,861.	2,703,561.	850.	2,450.
<b>13</b> Office expenses . . . . .	1,178,996.	436,366.	739,592.	3,038.
<b>14</b> Information technology . . . . .	4,780,263.	1,758,261.	3,022,002.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	3,125,470.	126,669.	2,980,855.	17,946.
<b>17</b> Travel . . . . .	472,458.	138,132.	333,321.	1,005.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	130,112.	126,779.	3,279.	54.
<b>20</b> Interest . . . . .	22,860.		22,860.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,037,125.		1,037,125.	
<b>23</b> Insurance . . . . .	238,155.		238,155.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PASS THRU MEMBER SOCIETY . . . . .	8,330,895.	8,330,895.		
<b>b</b> EDIT MANAGEMENT . . . . .	5,459,754.	5,459,754.		
<b>c</b> PUBLISHING PRODUCTION . . . . .	2,513,109.	2,510,754.	-320.	2,675.
<b>d</b> PUBLISHING PRINTING . . . . .	1,336,045.	1,335,467.	578.	
<b>e</b> All other expenses . . . . .	2,312,073.	16,929,993.	-15,565,252.	947,332.
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	76,340,677.	64,535,189.	10,152,293.	1,653,195.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	29,174,773.	<b>1</b>	23,803,595.
	<b>2</b> Savings and temporary cash investments. . . . .	3,668,353.	<b>2</b>	5,002,847.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,943,650.	<b>3</b>	89,034.
	<b>4</b> Accounts receivable, net. . . . .	4,430,604.	<b>4</b>	4,059,727.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	180,376.	<b>7</b>	185,297.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,169,043.	<b>9</b>	3,987,352.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 13,219,503.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 10,731,638.		
		3,572,163.	<b>10c</b>	2,487,865.
	<b>11</b> Investments - publicly traded securities. . . . .	169,003,952.	<b>11</b>	183,957,664.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	20,221,762.	<b>12</b>	23,514,411.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	608,009.	<b>13</b>	608,009.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	15,162,338.	<b>15</b>	17,628,031.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	252,135,023.	<b>16</b>	265,323,832.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	8,068,223.	<b>17</b>	5,718,446.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	24,957,697.	<b>19</b>	22,221,027.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	10,657,848.	<b>25</b>	10,997,334.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	43,683,768.	<b>26</b>	38,936,807.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions. . . . .	169,642,053.	<b>27</b>	184,115,473.
	<b>28</b> Net assets with donor restrictions. . . . .	38,809,202.	<b>28</b>	42,271,552.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	208,451,255.	<b>32</b>	226,387,025.
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	252,135,023.	<b>33</b>	265,323,832.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	79,890,854.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	76,340,677.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,550,177.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	208,451,255.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,044,745.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-659,152.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	226,387,025.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	542,542.	5,181,382.	213,141.	7,147,272.	460,087.	13,544,424.
<b>2</b> 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 . . . . .	59,517,781.	57,157,030.	57,155,856.	66,215,116.	66,750,486.	306,796,269.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	60,060,323.	62,338,412.	57,368,997.	73,362,388.	67,210,573.	320,340,693.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		5,000,000.				5,000,000.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0.
<b>c</b> Add lines 7a and 7b. . . . .		5,000,000.				5,000,000.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						315,340,693.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .	60,060,323.	62,338,412.	57,368,997.	73,362,388.	67,210,573.	320,340,693.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,503,594.	5,265,827.	5,073,872.	6,132,373.	7,595,991.	27,571,657.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	3,503,594.	5,265,827.	5,073,872.	6,132,373.	7,595,991.	27,571,657.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> . . . . .	766,626.	1,791,993.	6,560,845.	1,822,126.	5,171,975.	16,113,565.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	64,330,543.	69,396,232.	69,003,714.	81,316,887.	79,978,539.	364,025,915.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	86.63%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	87.54%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	7.57%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	6.79%

- 19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .
- b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . .			
<b>b</b>	Excess from 2017 . . . .			
<b>c</b>	Excess from 2018 . . . .			
<b>d</b>	Excess from 2019 . . . .			
<b>e</b>	Excess from 2020 . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MEMBER SOCIETIES PASSTHRU SVCS	2,583,787.	2,153,917.	2,209,360.	1,781,151.	2,184,282.	10,912,497.
EQUITY GAIN/LOSS ON ACP INV	-1,817,161.	-361,924.	4,351,485.	40,975.	2,465,693.	4,679,068.
SHARE SERVICES REVENUE					522,000.	522,000.
<b>TOTALS</b>	<u>766,626.</u>	<u>1,791,993.</u>	<u>6,560,845.</u>	<u>1,822,126.</u>	<u>5,171,975.</u>	<u>16,113,565.</u>

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

**Employer identification number**  
13-1667053

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 100,363.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 89,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

**Employer identification number**

13-1667053

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCKS	\$ 100,363.	12/31/2020



Name of organization **AMERICAN INSTITUTE OF PHYSICS, INC.**

Employer identification number  
13-1667053

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions). . . . .

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

**Yes**  **No**

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2017</b>	<b>(b) 2018</b>	<b>(c) 2019</b>	<b>(d) 2020</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? . . . . .	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		80,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			80,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) . . . . .	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B - DESCRIPTION OF LOBBYING ACTIVITY:

AIP'S LOBBYING EFFORTS FOCUS ON SCIENCE AND TECHNOLOGY FUNDING AND PROGRAM DIRECTIONS FOR THE NATIONAL SCIENCE FOUNDATION, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, DEPARTMENT OF ENERGY, NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY, AND DEPARTMENT OF DEFENSE. WE ALSO WORK ON GOVERNMENT MANDATES AFFECTING SCHOLARLY PUBLISHING, SCIENCE EDUCATION, AS WELL AS SCIENCE IN GENERAL.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance . . . . .	
<b>1d</b> Additions during the year . . . . .	
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	132,756,089.	111,211,052.	23,014,776.	17,347,568.	16,654,442.
<b>b</b> Contributions . . . . .	21,872.	6,762,670.	2,059,000.	2,882,328.	68,565.
<b>c</b> Net investment earnings, gains, and losses . . . . .	15,518,099.	20,297,013.	-1,232,576.	3,439,156.	1,216,351.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,354,869.	5,514,646.	-87,369,852.	654,276.	591,790.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	142,941,191.	132,756,089.	111,211,052.	23,014,776.	17,347,568.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 81.0000 %
- b** Permanent endowment ▶ 8.0000 %
- c** Term endowment ▶ 11.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		4,921,842.	3,258,583.	1,663,259.
<b>d</b> Equipment . . . . .		1,373,022.	1,137,670.	235,352.
<b>e</b> Other . . . . .		6,924,639.	6,335,385.	589,254.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				2,487,865.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) OPPORTUNISTIC INVESTMENTS	23,514,411.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	23,514,411.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN ACP	17,628,031.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	17,628,031.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST RETIREMENT MEDICAL PLAN	7,399,505.
(3) DUE TO MEMBER SOCIETIES	2,114,044.
(4) DEFERRED RENT	1,483,785.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	10,997,334.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .		<b>2e</b>
3	Subtract line 2e from line 1 . . . . .		<b>3</b>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .		<b>4c</b>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .		<b>2e</b>
3	Subtract line 2e from line 1 . . . . .		<b>3</b>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .		<b>4c</b>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A:

THE NIELS BOHR LIBRARY AND ARCHIVES COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE 1962, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS RELEASES OF NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSET USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

SCHEDULE D, PART V, LINE 4:

AIP HAS 15 SEPARATE FUNDS WHICH HAVE BEEN ENDOWED BY DONORS. THE EARNINGS FROM THE ENDOWMENTS HELP SUPPORT THE HISTORY CENTER, THE NIELS BOHR LIBRARY AND ARCHIVES, AND SOCIETY OF PHYSICS STUDENTS, HIGH SCHOOL PHYSICS EDUCATION PROGRAMS, AND OTHER AREAS RELATED TO THE PHYSICAL SCIENCES, WHICH ALLOWS AIP TO CONTINUE TO PRESERVE HISTORICAL DOCUMENTS RELATED TO PHYSICS, OFFER LECTURES THAT ARE OPEN TO THE PUBLIC, PRESENT AWARDS AND GRANTS FOR ACHIEVEMENTS IN PHYSICS AND HELP SUPPORT THE COMMUNITY THROUGH EDUCATION.

THE AIP TAKES A VERY PROACTIVE ROLE IN REGARD TO OPERATIONAL AND FINANCIAL MANAGEMENT. THIS CONSISTS OF ROUTINE REVIEWS OF THE ASSET BASE, OPERATIONAL NEEDS, AND KEY RISK FACTORS. THE RESULT OF THESE EFFORTS HAS LED TO DESIGNATION OF AIP'S NET ASSET BASE TO BEST ALIGN OUR RESOURCES IN SUPPORT OF OUR PROGRAMS AND TO MITIGATE KEY OPERATIONAL RISKS IN ACCORDANCE WITH THE MISSION OF THE ORGANIZATION. ALL DESIGNATIONS ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND ARE ADJUSTED BASED ON THE LATEST OPERATIONAL NEEDS AND RISK FACTORS.

**Part XIII** Supplemental Information (continued)

AIP ESTABLISHED THE FOLLOWING QUASI-ENDOWMENT FUNDS:

GENERAL QUASI-ENDOWMENT - A BOARD DESIGNATED QUASI-ENDOWMENT CREATED FOR THE PURPOSE OF FUNDING AIP PROGRAM OPERATIONS.

VENTURE FUND - THE VF WAS ESTABLISHED IN 2016 AS A BOARD-DESIGNATED QUASI-ENDOWMENT FUND ESTABLISHED TO ENCOURAGE COLLABORATIVE PARTNERSHIPS AMONG ONE OR MORE MEMBER SOCIETIES AND AIP. COLLABORATIVE PROJECTS FUNDED BY THE VPF ARE EXPECTED TO BE STRATEGY DRIVEN, PROMOTE GROWTH, AND INCREASE STATURE AND INNOVATION WITHIN THE MEMBER SOCIETIES AND THE AIP FEDERATION.

SUSTAINABILITY OF THE NIELS BOHR LIBRARY AND ARCHIVES AND THE CENTER FOR HISTORY OF PHYSICS - A NEW QUASI-ENDOWMENT DESIGNATED BY THE BOARD OF DIRECTORS TO BEGIN A FUND TO SUPPORT THE OPERATIONS OF THE NIELS BOHR LIBRARY AND ARCHIVE AND CENTER OF HISTORY OF PHYSICS IN PERPETUITY.

SCHEDULE D, PART X, LINE 2:

THE AMERICAN INSTITUTE OF PHYSICS INCORPORATED HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS TAX EXEMPT UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME FROM UNRELATED BUSINESS ACTIVITIES (PRIMARILY ADVERTISING). AIP'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS TO RECOGNIZE TAX POSITIONS IF IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED IN THE

**Part XIII** Supplemental Information *(continued)*

---

CONSOLIDATED FINANCIAL STATEMENTS. AS DECEMBER 31, 2020 AND 2019, A  
PROVISION OF \$10,000 FOR STATE INCOME TAXES WAS RECORDED.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	LIAISON OFFICE	302,229.
<b>(2)</b> EUROPE	0.	0.	GRANTMAKING		11,889.
<b>(3)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		11,000.
<b>(4)</b> SOUTH ASIA	0.	0.	GRANTMAKING		3,500.
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	1.	2.			328,618.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	2.			328,618.

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

Schedule F (Form 990) 2020

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH AWARD	EAST ASIA/PACIFIC	1.	5,000.	CHECK			
(2) ACHIEVEMENTS IN PHYSICS AWARD	EUROPE/ICELAND/GREENLAND	1.	5,000.	CHECK			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 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)* . . . . .  **Yes**  **No**
  
- 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)* . . . . .  **Yes**  **No**
  
- 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)* . . . . .  **Yes**  **No**
  
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**



**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).

---

SCHEDULE F, PART I, LINE 2:

GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE THE U.S.:

AIP HAS ESTABLISHED AND FOLLOWS DOCUMENTED POLICIES AND PROCEDURES TO  
MONITOR, EVALUATE AND REVIEW ALL TYPES OF GRANTS, AWARDS, AND ASSISTANCE  
ON A REGULAR BASIS.

SCHEDULE F, PART I, LINE 3F:

THE ACCOUNTING METHOD USED FOR THE EXPENDITURES SHOWN IS THE ACCRUAL  
BASIS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input type="checkbox"/> Phone solicitations                         | <b>g</b> <input type="checkbox"/> Special fundraising events                       |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					31,320.	-31,320.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
JOHNSON, GROSSNICKLE & AS  29 SOUTH PARK BOULEVARD GREENWOOD IN 46143	CONSULTING		X		31,320.	-31,320.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AMERICAN ASSOCIATION OF PHYSICS TEACHERS 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	52-0749775	501(C)(3)	140,730.				SEE PART IV
<b>(2)</b> ACOUSTICAL SOCIETY OF AMERICA 1305 WALT WHITMAN ROAD MELVILLE, NY 11747	13-6161132	501(C)(3)	87,350.				SEE PART IV
<b>(3)</b> AMERICAN ASSOCIATION OF PHYSICISTS IN MED. 1631 PRINCE STREET ALEXANDRIA, VA 22314	23-7057224	501(C)(3)	43,500.				SEE PART IV
<b>(4)</b> UNIVERITY OF MARYLAND FOUNDATION 3300 METZEROTT ROAD ADELPHI, MD 20783	52-1125663	501(C)(3)	40,000.				SEE PART IV
<b>(5)</b> AMERICAN PHYSICAL SOCIETY 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	13-1656610	501(C)(3)	36,300.				SEE PART IV
<b>(6)</b> SOCIETY OF RHEOLOGY 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	13-6203476	501(C)(3)	27,000.				SEE PART IV
<b>(7)</b> UNIVERSITY OF THE SCIENCES IN PHILADELPHIA 600 S. 43RD STREET PHILADELPHIA, PA 19104	23-1352668	501(C)(3)	25,000.				SEE PART IV
<b>(8)</b> AMERICAN METEOROLOGICAL SOCIETY 45 BEACON STREET BOSTON, MA 02108	04-2103657	501(C)(3)	23,350.				SEE PART IV
<b>(9)</b> AMERICAN ASTRONOMICAL SOCIETY 1667 K STREET, NW WASHINGTON, DC 20006	21-0735173	501(C)(3)	15,000.				SEE PART IV
<b>(10)</b> AMERICAN CRYSTALLOGRAPHIC ASSC P.O. BOX 96 BUFFALO, NY 14205	22-6075182	501(C)(3)	12,000.				SEE PART IV
<b>(11)</b> AVS THE SCIENCE & TECHNOLOGY SOCIETY 125 MAIDEN LANE, 15B NEW YORK, NY 10038	04-2392373	501(C)(3)	10,000.				SEE PART IV
<b>(12)</b> AMERICAN CHEMICAL SOCIETY 1155 SIXTEENTH STREET WASHINGTON, DC 20036	53-0196572	501(C)(3)	7,000.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12.

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

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

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONGRESSIONAL AND US STATE DEPT FELLOWS	6.	250,702.			
2 SCOLARSHIPS AND AWARDS FOR SPS MEMBERS	94.	154,403.			
3 AWARDS FOR ACHIEVEMENTS IN PHYSICS	9.	46,500.			
4 SCIENCE WRITING AWARDS	7.	18,000.			
5 TRAVEL AND MEETING EXPENSES	30.	7,305.			
6 ORAL HISTORY INTERVIEWS AND RESEARCH PROJECTS	1.	311.			
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART II, LINES 1-10:

- 1) PROVIDE CONTINUED FUNDING TO TRAIN TEACHERS TO BE ADVOCATES AT THE LOCAL LEVEL FOR SOUND SCIENCE EDUCATION POLICY; EQUITY AND INCLUSIVE PHYSICS INSTRUCTION WORKSHOP; INSTRUCTIONAL LEADER POLICY FELLOWSHIP FOR UNDERREPRESENTED TEACHERS OF PHYSICS AND CONDUCT AN EQUITY.
- 2) FUNDING TO SUPPORT ASA SCIENCE WRITER'S BOOTCAMP, A 2-DAY WORKSHOP FEATURING PRESENTATIONS ON PHYSICS AND WRITING BY TOP SCIENCE JOURNALISTS; FUNDING TO SUPPORT THE INTERNATIONAL YEAR OF SOUND; TO FUND RESEARCH INTERNSHIP EXPERIENCE IN ACOUSTICS.
- 3) PROVIDE FUNDING TO PRODUCE VIDEOS TO ENCOURAGE A DIVERSE AND INCLUSIVE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

POOL OF APPLICANTS TO APPLY FOR MEDICAL PHYSICS GRADUATE AND FELLOWSHIP

PROGRAMS IN ORDER TO FURTHER INCREASE THE LEVEL OF DIVERSITY AND

INCLUSION WITHIN THE PROFESSION; FUNDING TO SUPPORT DIVERSITY RECRUITMENT

THROUGH EDUCATION AND MENTORING PROGRAM.

4) AIP ENDOWED PROFESSORSHIP IN THE HISTORY OF NATURAL SCIENCES.

5) EARLE K PLYLER PRIZE FOR MOLECULAR SPECTROSCOPY & DYNAMICS; GSNP

DISSERTATION AWARD CONTRIBUTION; TO FUND INCLUSION, DIVERSITY, EQUITY

ALLIANCE PROGRAM.

6) PROVIDE FUNDING TO 1) QUANTIFY THE DIVERSITY (MULTIVARIATE) OF OUR

MEMBERSHIP; 2) IDENTIFY HOW THE SOCIETY CAN BETTER SERVE THE RHEOLOGY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

COMMUNITY MORE BROADLY, AND; 3) IMPROVE DIVERSITY AND INCLUSION IN PART  
 BY GROWING OUR MEMBERSHIP THROUGH PROGRAMS TARGETING STUDENTS AND EARLY  
 CAREER RHEOLOGISTS AS WELL AS IMPROVING EXISTING SOR PROGRAMS AND  
 PRACTICES.  
 7) MEGGARS PROJECT AWARD RECIPIENT.  
 8) FUNDING TO SUPPORT DEI CAPACITY BUILDING.  
 9) FUNDING TO SUPPORT AAS-CSMA MICRO-GRANTS PROGRAM.  
 10) FUNDING TO SUPPORT DIVERSITY TRAINING AND INITIATIVES.  
 11) FUNDING TO SUPPORT TRAINING FOR A DIVERSE AND INCLUSIVE AVS  
 12) ACS NATIONAL AWARDS PROGRAM SUPPORT.



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

PROCEDURE FOR MONITORING USE OF GRANTS IN THE U.S.:

AIP HAS ESTABLISHED AND FOLLOWS DOCUMENTED POLICIES AND PROCEDURES TO MONITOR, EVALUATE AND REVIEW ALL TYPES OF GRANTS, AWARDS, AND ASSISTANCE ON A REGULAR BASIS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 on 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 aren't 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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN HAYNES AIPP, CEO	(i)	227,613.	200,585.	187,995.	28,500.	6,798.	651,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MICHAEL MOLONEY CEO	(i)	462,904.	61,485.	53,919.	28,500.	18,640.	625,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ROY LEVENSON AIPP, CFO	(i)	320,514.	96,843.	13,965.	28,500.	25,230.	485,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JASON WILDE AIPP, CHIEF PUBLISHING OFFICER	(i)	286,070.	54,169.	70,656.	28,500.	27,541.	466,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CATHERINE SWARTZ CFAO	(i)	324,401.	4,623.	22,526.	28,500.	21,240.	401,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 STEPHEN MACKWELL DEO	(i)	293,206.	150.	19,042.	27,394.	29,809.	369,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 NAOMI SCHMUCKLER SR. DIR., HUMAN RESOURCES	(i)	149,062.	369.	137,921.	18,024.	10,630.	316,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KEVIN STEINER AIPP, HEAD OF GLOBAL SALES	(i)	170,130.	39,841.	18,834.	23,924.	29,809.	282,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 TRACY DENEIN AIPP, HEAD OF INFO TECHNOLOGY	(i)	203,648.	8,683.	150.	21,468.	47,229.	281,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ALEXANDRA VANCE AIPP, CEO	(i)	186,825.	75,000.	0.	0.	15,743.	277,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SARA GIRAD AIPP, HEAD OF MKT AND COMM	(i)	204,911.	18,168.	0.	22,997.	29,809.	275,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 RACHEL IVIE SR. DIR., EDUCATION & RESEARCH	(i)	174,309.	0.	26,922.	21,383.	47,229.	269,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 SHERRY RENDER CONTROLLER	(i)	190,276.	3,728.	25,018.	22,723.	21,240.	262,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 PETER INCHAUTEGUIZ SR. DIRECTOR, STRATEGIC MKT	(i)	209,245.	1,456.	1,756.	21,059.	418.	233,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 LARRY FISHBEIN SR. DIR., NEWS AND MAGAZINES	(i)	191,793.	148.	9,069.	18,920.	419.	220,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

**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.

SCHEDULE J, PART I, LINE 1A:

FIRST CLASS TRAVEL - DUE TO A MEDICAL CONDITION, FIRST CLASS TRAVEL WAS MADE AVAILABLE TO ONE EMPLOYEE.

GROSS-UP PAYMENTS - IF AN EMPLOYEE REACHES THE IRS LIMITATION FOR EMPLOYER RETIREMENT CONTRIBUTIONS, THE ORGANIZATION PROVIDES A GROSS UP PAYMENT EQUIVALENT TO THE DIFFERENCE BETWEEN THE MAX AMOUNT AND THE AMOUNT THAT WOULD HAVE BEEN CONTRIBUTED IF THERE WERE NO LIMITATIONS.

SCHEDULE J, PART I, LINE 3:

COMPENSATION REVIEW & APPROVAL PROCESS

CEO: AIP'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE TO MANAGE COMPENSATION OF AIP'S CEO. THE CHARTER OF THE COMPENSATION COMMITTEE PROVIDES FOR A PROCEDURE THAT IS CONSISTENT WITH APPLICABLE LAW AND BEST PRACTICES. THE CHARTER PROVIDES THAT THE COMMITTEE "SHALL MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS WITH RESPECT TO THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER." THE COMPENSATION COMMITTEE OBTAINS DATA AS TO COMPARABLE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, RECOMMENDS TERMS OF THE CEO'S EMPLOYMENT AGREEMENTS, AND DETERMINES REASONABLE

**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.

COMPENSATION LEVEL. THE COMMITTEE SUBMITS TO THE BOARD A RECOMMENDATION  
FOR THE CEO'S COMPENSATION FOR EACH FISCAL YEAR. THE BOARD OF DIRECTORS  
MAKES THE FINAL DECISION ON THE CEO'S COMPENSATION.

SCHEDULE J, PART I, LINE 4A

NAOMI SCHMUCKLER, SR. DIRECTOR HUMAN RESOURCES RECEIVED \$109,085 OF  
SEVERANCE DURING THE YEAR.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	2.	100,364.	MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

13-1667053

FORM 990, PART III, LINE 1:

AIP'S MISSION IS TO ADVANCE, PROMOTE, AND SERVE THE PHYSICAL SCIENCES FOR THE BENEFIT OF HUMANITY. AIP OFFERS PROGRAMS, PRODUCTS, AND SERVICES THAT: 1) ADVANCE AND DISTRIBUTE THE KNOWLEDGE OF THE PHYSICAL SCIENCES AND ITS APPLICATIONS, 2) ENHANCE AND CULTIVATE THE PHYSICAL SCIENCES DISCIPLINES, 3) ENABLE AND FOSTER COLLABORATIVE EFFORTS AMONG STAKEHOLDERS IN THE PHYSICAL SCIENCES, AND 4) PROMOTE THE PHYSICAL SCIENCES TO THE PUBLIC, GOVERNMENT OFFICIALS, AGENCIES, AND THE MEDIA.

FORM 990, PART III, LINE 4A:

PROGRAM SERVICES: AIP PUBLISHING LLC (AIPP) IS A SINGLE MEMBER, NOT-FOR-PROFIT, 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 20 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 ADVANCE THEIR PUBLISHING MISSION.

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

PHYSICS TODAY, AIP'S FLAGSHIP MAGAZINE, PROVIDES A UNIFYING INFLUENCE FOR THE PHYSICAL SCIENCES THROUGH ITS BROAD AND AUTHORITATIVE COVERAGE OF SCIENTIFIC RESEARCH, NEWS, AND OPINIONS OF RELEVANCE TO THE GLOBAL SCIENTIFIC COMMUNITY. THE MONTHLY MAGAZINE IS RECEIVED BY THE INDIVIDUAL MEMBERS OF AIP'S 10 CONSTITUENT SOCIETIES, LIBRARIES AND INSTITUTIONS AROUND THE WORLD, AND OTHER INTERESTED INDIVIDUALS. PHYSICS TODAY ALSO HAS A STRONG PRESENCE ON SOCIAL MEDIA WITH, FOR EXAMPLE, MORE THAN 3 MILLION FOLLOWERS ON FACEBOOK.

FORM 990, PART III, LINE 4B:

AIP PROGRAMS: IN KEEPING WITH ITS MISSION TO ADVANCE, PROMOTE AND SERVE THE PHYSICAL SCIENCES FOR THE BENEFIT OF HUMANITY, AIP OFFERS UNIQUE SERVICES, PRODUCTS, AND EXPERTISE IN:

EDUCATION AND STUDENT SERVICES, HISTORY OF PHYSICS, ARCHIVES AND LIBRARY, MEDIA AND GOVERNMENT RELATIONS, MAGAZINE PUBLISHING AND EMPLOYMENT SERVICES FOR SCIENCE AND ENGINEERING PROFESSIONALS, STATISTICAL RESEARCH, AND INDUSTRY OUTREACH.

WITH THE PURPOSE OF PROMOTING THE PROGRESS AND RELEVANCE OF THE PHYSICAL SCIENCES AND TO ADVANCE THEIR CONTRIBUTIONS AND RESPONSIVENESS TO SOCIETY, AIP GENERATES, COMMUNICATES, AND POPULARIZES KNOWLEDGE, UNIQUE EXPERTISE AND AUTHORITATIVE INFORMATION.

THE SOCIETY OF PHYSICS STUDENTS (SPS) IS A SCIENTIFIC SOCIETY FOR PHYSICS



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

AND ASTRONOMY UNDERGRADUATES AND THEIR MENTORS, WITH MORE THAN 4,600 MEMBERS AND 845 SPS CHAPTERS NATIONWIDE AND 34 INTERNATIONAL CHAPTERS. SPS EXISTS TO SUPPORT UNDERGRADUATE STUDENTS WITH AN INTEREST IN PHYSICS, PHYSICS AND ASTRONOMY DEPARTMENTS, AND THE BROADER COMMUNITY.

SIGMA PI SIGMA, THE PHYSICS HONOR SOCIETY, RECOGNIZES OUTSTANDING SCHOLARS IN PHYSICS, ENCOURAGES INTEREST IN THE FIELD, AND PROMOTES AN ATTITUDE OF SERVICE AMONG ITS OVER 76,000 MEMBERS AND 584 CHAPTERS TOWARDS THE ENTIRE PHYSICS COMMUNITY AND THE PUBLIC. A PRIMARY MISSION OF SIGMA PI SIGMA IS TO SUPPORT PHYSICISTS, UNDERGRADUATE DEPARTMENTS, AND ALUMNI BY IMPROVING DEPARTMENT HEALTH.

THE SOCIETY OF PHYSICS STUDENTS AND SIGMA PI SIGMA PROVIDE ENRICHING EXPERIENCES FOR STUDENTS INTERESTED IN THE PHYSICAL SCIENCES THROUGH INTERNSHIPS, SCHOLARSHIPS, FELLOWSHIPS, AND STUDENT PROGRAMS AT SCIENTIFIC MEETINGS - OPPORTUNITIES THAT ARE VITAL TO THE PROFESSIONAL DEVELOPMENT OF THE UNDERGRADUATE PHYSICS STUDENT.

THE HISTORY PROGRAMS OF THE AMERICAN INSTITUTE OF PHYSICS ENSURE THAT THE HERITAGE OF THE PHYSICAL SCIENCES IS SAFEGUARDED AND THAT THE PUBLIC CAN UNDERSTAND HOW THE PHYSICAL SCIENCES HAVE BEEN CENTRAL TO THE HISTORY OF THE MODERN WORLD. THE HISTORY OF THE PHYSICAL SCIENCES OFFERS A RICH FRAMEWORK OF EXCITING PAST ACHIEVEMENTS AND VALUABLE GUIDANCE FOR CURRENT AND FUTURE GENERATIONS. "TO PRESERVE AND MAKE KNOWN THE HISTORY OF THE PHYSICAL SCIENCES" IS THE MISSION SHARED BY CHP AND THE NIELS BOHR

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

LIBRARY & ARCHIVES.

THE CORE ACTIVITIES OF CHP INCLUDE LOCATING AND PRESERVING PRIMARY SOURCE MATERIAL, SUPPORTING THE PRODUCTION OF HISTORY OF THE PHYSICAL SCIENCES, AND BRINGING THIS HISTORY TO A WIDE AUDIENCE. WE HELP WITH SOURCES MAINLY IN COLLABORATION WITH NBL&A AND THROUGH ORAL HISTORY INTERVIEWING, AN IMMEDIATE AND PERSONAL TESTIMONY TO SCIENCE IN PASSING GENERATIONS. WE SUPPORT HISTORICAL WRITING THROUGH GRANTS-IN-AID AND THE HELLEMAN FELLOWSHIPS, AS WELL AS THROUGH THE EARLY CAREERS CONFERENCE AND OUR SUPPORT OF EMERGING SCHOLARS. WE SUPPORT EDUCATION AND ENGAGEMENT ABOUT THE HISTORY OF THE PHYSICAL SCIENCES THROUGH OUR TEACHING GUIDES AND HISTORY OF SCIENCE WEB EXHIBITS. CHP ALSO SPONSORS PUBLIC LECTURE SERIES, THE LYNE STARLING TRIMBLE SCIENCE HERITAGE PUBLIC LECTURES.

THE CENTER FOR HISTORY OF PHYSICS ENVISIONS AN EVEN MORE ACTIVE RESEARCH INSTITUTE IN THE FUTURE, WITH A MORE VIBRANT COMMUNITY OF HISTORIANS AND OTHER SCHOLARS, ALL WORKING TO BRING A GREATER UNDERSTANDING OF THE PHYSICAL SCIENCES TO K-12 SCHOOL AUDIENCES AND THE BROADER PUBLIC.

THE NIELS BOHR LIBRARY & ARCHIVES (NBL&A) DOCUMENTS THE HISTORY OF AIP AND OTHER SCIENTIFIC INSTITUTIONS BY COLLECTING INSTITUTIONAL RECORDS AND OTHER PRIMARY RESOURCES THAT DETAIL THE ACTIVITIES OF THE ORGANIZATIONS AND HIGHLIGHT THE ROLES THAT THESE INSTITUTIONS PLAY IN THE WORLD AT LARGE, CAPTURING HOW SCIENTIFIC INSTITUTIONS PARTICIPATE IN GLOBAL MOVEMENTS LIKE SOCIAL INJUSTICE, INCLUSION, GLOBAL WARMING, AND PANDEMIC

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

RESPONSE. THE NBL&A ALSO PRESERVES ORAL HISTORY INTERVIEWS, PHOTOGRAPHS AND MEDIA, BOOKS, JOURNALS, AND OTHER PUBLISHED MATERIALS PERTAINING TO THE HISTORY OF THE PHYSICAL SCIENCES. IN RECENT YEARS, THE NBL&A HAS BROADENED THE SCOPE OF THE COLLECTIONS TO INCLUDE OLDER MATERIALS AND RARE BOOKS, DATING BACK TO THE 16TH AND 17TH CENTURIES, IN TOPICS THAT FORM THE FOUNDATIONS OF MODERN SCIENCE.

LOOKING TO THE FUTURE, THE NBL&A STRIVES TO SERVE AND CONNECT WITH OUR RESEARCH COMMUNITY THROUGH INCREASED OUTREACH AND PROMOTION OF OUR RESOURCES AND GLOBAL ACCESS TO OUR COLLECTIONS THROUGH STRATEGIC DIGITIZATION AND REMOTE ACCESS TO SELECTED MATERIALS.

AIP'S INSIDE SCIENCE IS AN EDITORIALY INDEPENDENT NEWS OUTLET THAT PRODUCES QUALITY, ACCURATE STEM (SCIENCE-TECHNOLOGY-EDUCATION-MATHEMATICS) NEWS. THE CONTENT IS AVAILABLE FOR SYNDICATION BY MAINSTREAM NEWS ORGANIZATION, INCLUDING THOSE THAT HAVE REDUCED OR ELIMINATED SCIENCE REPORTERS FROM THEIR STAFF. INSIDE SCIENCE PRODUCES NEWS ARTICLES AND VIDEOS TO COVER A WIDE ARRAY OF SCIENCE TOPICS.

THE AIP MEDIA SERVICES TEAM WORKS WITH AIP PUBLISHING, AIP MEMBER SOCIETIES AND ALLIED ORGANIZATIONS TO PRODUCE AND PROMOTE TIMELY AND ACCURATE PUBLIC DISSEMINATION OF SCIENTIFIC ADVANCES AND KNOWLEDGE. MEDIA SERVICES STAFFS PRESS ROOMS, ORGANIZES PRESS CONFERENCES AND OTHER OUTREACH EVENTS AND PRODUCES HUNDREDS OF WRITTEN STORIES, VIDEOS, IMAGES,

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

INFOGRAPHS AND OTHER FORMS OF PUBLIC INFORMATION FOR THE MEDIA AND GENERAL PUBLIC EVERY YEAR.

THE AIP STATISTICAL RESEARCH CENTER COLLECTS AND DISSEMINATES RELIABLE AND TIMELY DATA ON EDUCATION, CAREERS, AND DIVERSITY IN PHYSICAL SCIENCES. DATA ARE PUBLISHED IN THE AREAS OF ENROLLMENT, DEGREES, DEMOGRAPHICS, REPRESENTATION OF WOMEN AND MINORITIES, EMPLOYMENT BY ECONOMIC SECTOR, AND SALARY INFORMATION FOR PHYSICS AND ASTRONOMY BACHELOR'S, MASTER'S AND PHD HOLDERS. THE CENTER ALSO PROVIDES SURVEY EXPERTISE AND CONTRACTS WITH MEMBER SOCIETIES AND OUTSIDE ORGANIZATIONS TO CARRY OUT TARGETED STUDIES.

AIP VENTURE FUND (VF) USES A PORTION OF AIP'S STRATEGIC RESERVES AS A BOARD-DESIGNATED FUND, THE PROCEEDS OF WHICH ARE USED TO FUND INNOVATIVE PROJECTS BETWEEN ONE OR MORE-MEMBER SOCIETIES AND AIP. FOR A MEMBER SOCIETY TO RECEIVE THIS GRANT, THE SOCIETY MUST SUBMIT A PROPOSAL TO THE VF COMMITTEE. THE VF COMMITTEE, MADE UP OF INDEPENDENT MEMBERS, PERFORMS A THROUGH REVIEW OF SUBMISSIONS AND SHALL ADVISE THE BOARD AND MAKE INDEPENDENT RECOMMENDATIONS ON THE DISTRIBUTION OF GRANTS.

AIP HAS INVESTED IN DIVERSITY, EQUITY, AND INCLUSION ACROSS THE INSTITUTE. IN JANUARY 2020, THE TASK FORCE TO ELEVATE AFRICAN AMERICAN REPRESENTATION IN UNDERGRADUATE PHYSICS AND ASTRONOMY (TEAM-UP) RELEASED ITS GROUNDBREAKING REPORT, SYSTEMIC CHANGES TO INCREASE AFRICAN AMERICANS WITH BACHELOR'S DEGREES IN PHYSICS AND ASTRONOMY. RECOGNIZING THE

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

IMPORTANCE OF BOTH INFORMATION AND ACTION, AIP DEDICATED FULL-TIME STAFF TO PROMOTE AND ADVANCE THE TEAM-UP REPORT RECOMMENDATIONS WITHIN THE PHYSICS AND ASTRONOMY ACADEMIC COMMUNITIES AND ASSEMBLED A COMMITTEE OF EXPERTS TO ORGANIZE A SERIES OF WORKSHOPS AIMED AT HELPING THESE DEPARTMENTS CREATE ENVIRONMENTS WHERE AFRICAN AMERICAN STUDENTS CAN THRIVE.

THE AIP BOARD ESTABLISHED A DIVERSITY ACTION FUND FOR ACTION-BASED GRANTS TO SUPPORT OUR MEMBER SOCIETIES' INITIATIVES IN RESPONSE TO RACIAL INJUSTICES. THE FUND ALSO ESTABLISHED A JOINT AWARD WITH THE NATIONAL SOCIETY OF BLACK PHYSICISTS, THE AIP-NSBP JOSEPH A. JOHNSON II AWARD, WHICH HONORS DR. JOHNSON'S LEGACY AS A PIONEERING EXPERIMENTAL PHYSICIST, COFOUNDER OF NSBP, AND INSPIRATIONAL MENTOR TO COUNTLESS BLACK STUDENTS.

AIP PARTNERED WITH THE #BLACKINPHYSICS ORGANIZERS TO SPOTLIGHT BLACK PHYSICISTS - THEIR STORIES AND THEIR CONTRIBUTIONS TO SCIENCE AND SOCIETY. OUR FLAGSHIP PUBLICATION, PHYSICS TODAY, CREATED A #BLACKINPHYSICS WEEK ESSAY SERIES AS PART OF THAT PARTNERSHIP AND EACH YEAR DRAWS ATTENTION TO ISSUES AFFECTING WOMEN, LGBTQ PEOPLE, PEOPLE WITH DISABILITIES AND PEOPLE OF COLOR IN THE PHYSICAL SCIENCES.

OVER THE LAST YEAR, AIP HAS JOINED WITH OTHER SCIENTIFIC ORGANIZATIONS TO CONDEMN VIOLENCE AGAINST COMMUNITIES OF COLOR AND JOINED THE CEO ACTION FOR RACIAL EQUITY INITIATIVE AS PART OF THE CEO ACTION FOR DIVERSITY & INCLUSION ORGANIZATION. AIP CONTINUES AS A MEMBER OF THE SOCIETIES

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

CONSORTIUM ON SEXUAL HARASSMENT IN STEMM, WHICH PUSHES FOR EXCELLENCE IN STEMM FIELDS AND ADDRESSING ISSUES OF SEXUAL HARASSMENT.

FORM 990, PART VI, LINE 6:

EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS:

AIP IS A NON-STOCK, NON-PROFIT MEMBER CORPORATION.

FORM 990, PART VI, LINE 7A:

HOW MEMBERS OF SHAREHOLDERS ELECT GOVERNING BOARD:

THE BOARD OF DIRECTORS IS COMPOSED OF THE FOLLOWING INDIVIDUALS: ONE (1) INDIVIDUAL IS ELECTED OR APPOINTED BY EACH MEMBER (A MEMBER SOCIETY DIRECTOR). NOT FEWER THAN TWO (2) AND NOT MORE THAN FOUR (4) INDIVIDUALS, AS THE BOARD OF DIRECTORS SHALL DETERMINE, ELECTED BY THE BOARD OF DIRECTORS (THE AT-LARGE DIRECTORS). THE CHAIR OF THE BOARD OF DIRECTORS, THE CORPORATE SECRETARY, AND THE CHIEF EXECUTIVE OFFICER, EX-OFFICIO (THE EX-OFFICIO DIRECTORS).

FORM 990, PART VI, LINE 7B:

THE MEMBER SOCIETIES ARE NOT OFTEN CALLED UPON TO TAKE ACTION IN THEIR ROLE AS THE VOTING MEMBERS OF AIP. RESPONSIBILITIES OF THE MEMBER SOCIETIES INCLUDE:

-APPOINTING MEMBER SOCIETY DIRECTORS TO THE AIP BOARD, OR THEIR

RE-APPOINTMENT FOR A SECOND TERM.

-ADMITTING NEW MEMBER SOCIETIES TO THE FEDERATION.

-MAKING A FINAL DECISION IN THE EVENT THAT AIP EVER CONSIDERS A

FUNDAMENTAL CHANGE IN ITS STRUCTURE SUCH AS A MERGER, CONSOLIDATION,

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

DISSOLUTION OR SALE OF SUBSTANTIALLY ALL ITS ASSETS.

FORM 990, PART VI, LINE 11B:

FORM 990 REVIEW PROCESS:

THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM WITH THE ASSISTANCE OF AIP'S MANAGEMENT. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AND THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C:

THE CONSOLIDATED AIP CONSISTS OF THE PARENT CORPORATION (AIP) ITS WHOLLY OWNED SUBSIDIARY AIP PUBLISHING LLC (AIPP) AND ITS WHOLLY OWNED SUBSIDIARY THE AIP FOUNDATION. DUE TO THE NATURE OF THE RELATIONSHIP BETWEEN AIP AND AIPP, EACH ORGANIZATION MAINTAINS AND MANAGES ITS OWN CONFLICT OF INTEREST (COI) POLICY. AT AIP, ANNUALLY, A CONFLICT OF INTEREST (COI) DISCLOSURE IS COMPLETED BY ALL AIP COVERED PERSONS (OFFICERS, DIRECTORS AND KEY PERSONS). NO AIPP EMPLOYEES ARE AIP COVERED PERSONS. THE CHAIR OF THE AUDIT COMMITTEE AND THE CORPORATE SECRETARY REVIEW THE DISCLOSURES, EVALUATE IF THERE ARE CONFLICTS OF INTEREST THAT NEED TO BE MANAGED, AND REPORT THEIR FINDINGS TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN DETERMINES THE NEXT STEPS WITH RESPECT TO MANAGING ANY CONFLICTS OF INTEREST. THE FINAL RESULTS OF THE DISCLOSURE REVIEWS AND ANY MANAGEMENT PLANS ARE REPORTED TO INDIVIDUAL DIRECTORS AND TO THE BOARD. AIP'S COI POLICY IS MADE AVAILABLE TO THE PUBLIC THROUGH AIP'S WEBSITE.

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

AT AIPP, ANNUALLY, ALL MEMBERS OF THEIR BOARD OF MANAGERS AND ALL OFFICERS OF THE COMPANY CONFIRM THAT THEY HAVE READ AND UNDERSTAND AND AGREE TO COMPLY WITH AIPP'S COI POLICY. ALL OTHER AIPP EMPLOYEES ARE NOT REQUIRED TO CONFIRM ANNUALLY. THE CFO OF AIPP CERTIFIES ANNUALLY TO THE CFO OF AIP THAT AIPP IS REGULARLY AND CONSISTENTLY MONITORING AND ENFORCING COMPLIANCE WITH THE AIPP COI POLICY. AIPP DOES NOT MAKE ITS COI POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, LINE 15A:

CEO: AIP'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE TO MANAGE COMPENSATION OF AIP'S CEO. THE CHARTER OF THE COMPENSATION COMMITTEE PROVIDES FOR A PROCEDURE THAT IS CONSISTENT WITH APPLICABLE LAW AND BEST PRACTICES. THE CHARTER PROVIDES THAT THE COMMITTEE SHALL MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS WITH RESPECT TO THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE OBTAINS DATA AS TO COMPARABLE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, RECOMMENDS TERMS OF THE CEO'S EMPLOYMENT AGREEMENT AND DETERMINES REASONABLE COMPENSATION LEVEL. THE COMMITTEE SUBMITS TO THE BOARD A RECOMMENDATION FOR THE CEO'S COMPENSATION FOR EACH FISCAL YEAR. THE BOARD OF DIRECTORS MAKES THE FINAL DECISION ON THE CEO'S COMPENSATION.

FORM 990, PART VI, LINE 15B:

COMPENSATION REVIEW AND APPROVAL PROCESS:

OFFICERS: A COMPENSATION CONSULTING FIRM IS RETAINED TO PERIODICALLY REVIEW THE COMPENSATION RANGES OF THE OFFICERS. THE SENIOR DIRECTOR OF HUMAN RESOURCES PRESENTS THIS INFORMATION TO THE COMPENSATION COMMITTEE



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

FOR INFORMATION PURPOSES ONLY.

FORM 990, PART VI, LINE 19:

OTHER ORGANIZATION DOCUMENTS MADE AVAILABLE TO THE PUBLIC:

THE AIP WEBSITE HAS A GOVERNANCE SECTION THAT INCLUDES CORPORATION BYLAWS. ALSO, ON THE WEBSITE ARE ANNUAL REPORTS THAT INCLUDE FINANCIAL HIGHLIGHTS FOR AIP. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FORM 990 ARE ALSO AVAILABLE ON THE WEBSITE.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

FASB ADOPTION POST-RETIREMENT MEDICAL PLAN:	\$ (647,002)
AIPF RESTRICTED FUNDS	(10,000)
OTHER CHANGES	(2,150)
	\$ (659,152)

FORM 990, PART XII, LINE 2C:

AIPP PRODUCES A SINGLE AUDIT REPORT PREPARED BY THE SAME AUDIT FIRM USED BY AIP. THE SINGLE AUDIT REPORT IS INCORPORATED INTO THE CONSOLIDATED STATEMENTS OF AIP.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PLUG			
TOTALS			

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

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ORIGIN EDITORIAL, LLC 14274 W. 88TH DRIVE, UNIT A ARVADA, CO 80005	EDITORIAL OPERATIONS	1,799,500.
BRYAN CAVE LEIGHTON PAISNER 1155 F. STREET WASHINGTON, DC 20004	LEGAL FEES	826,074.
TREXIN CONSULTING, LLC 601 CALSON PARKWAY, SUITE 1050 MINNETONKA, MN 55305	CONSULTING SERVICES	388,436.
APC POSTAL LOGISTICS 140 EAST UNION AVENUE RUTHERFORD, NJ 07073	MAILING AND SHIPPING	283,669.
GREEN KEY TEMP, LLC 136 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	TEMPORARY AGENCY	200,733.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

**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	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AIP PUBLISHING LLC 1305 WALT WHITMAN RD STE 300 MELVILLE, NY 11747 46-1881138	PUBLISHING	NY	65,322,000.	65,676,000.	AIP
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN CENTER FOR PHYSICS 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740 52-1712905	OFFICE SPACE	MD	501(C)(3)	12B	N/A		X
(2) AIP FOUNDATION 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740 83-4485064	FUNDRAISING	DE	501(C)(3)	12A	AIP	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW CRYSTALLOGRAPHY JOURNAL, L 1305 WALT WHITMAN RD, STE 300	PUBLISHING	DE	N/A	RELATED	-2,826.	62,210.		X			X	50.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AIP GLOBAL, INC. 27-0602778 1305 WALT WHITMAN RD, STE 300 MELVILLE, NY 11747	INTL. OFFICE	DE	AIPP	C CORP	8,234.	137,943.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AIP FOUNDATION	B	90,000.	COST
(2) AIP FOUNDATION	O	637,832.	COST
(3) AIP GLOBAL, INC.	P	302,229.	COST
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

---

SCHEDULE R, PART III, LINE 1, COLUMN A:

NAME, ADDRESS & EIN OF RELATED ORGANIZATION

NEW CRYSTALLOGRAPHY JOURNAL, LLC

1305 WALT WHITMAN ROAD, SUITE 300

MELVILLE, NY 11747

EIN: 90-0988084

SCHEDULE R, PART IV, LINE 1, COLUMN D:

FOR THE CALENDAR YEAR 2020, AIP PUBLISHING LLC, A DISREGARDED ENTITY WITH

RESPECT TO AIP, OWNED 100% OF AIP GLOBAL.

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>AMERICAN INSTITUTE OF PHYSICS, INC.</b>	<b>D Employer identification number</b> 13-1667053
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O CATHERINE G. SWARTZ, CFO ONE PHYSICS ELLIPSE</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>COLLEGE PARK, MD 20740-3843</b>	
		<b>C</b> Book value of all assets at end of year . . . . . ▶ 265,323,832.	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ 3			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶ CATHERINE G. SWARTZ, CFO Telephone number ▶ 301-209-3100			

ONE PHYSICS ELLIPSE  
COLLEGE PARK MD 20740-3843

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	221,341.
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	221,341.
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	221,341.
6 Deduction for net operating loss. See instructions. . . . . <span style="float:right;">ATCH 1</span>	6	221,341.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	2	
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only) . . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	

For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

<b>1 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>			
<b>b</b> Other credits (see instructions) . . . . .	<b>1b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>			
<b>e Total credits.</b> Add lines 1a through 1d . . . . .	<b>1e</b>			
<b>2</b> Subtract line 1e from Part II, line 7 . . . . .	<b>2</b>			
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) . . . . .	<b>3</b>			
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	<b>4</b>			0.
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 . . . . .	<b>5</b>			
<b>6 a</b> Payments: A 2019 overpayment credited to 2020 . . . . .	<b>6a</b>			
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> . . . . .	<b>6b</b>			
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>			
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>			
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>			
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <input type="checkbox"/> . . . . .	<b>6g</b>			
<b>7 Total payments.</b> Add lines 6a through 6g . . . . .	<b>7</b>			
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>			
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>			
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>			
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>			

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If "Yes," see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> \$	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 a</b> Did the organization change its method of accounting? (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>CATHERINE G. SWARTZ</b> Signature of officer	11/05/2021 Date	CFO Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARC BERGER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01871563
	Firm's name <input type="checkbox"/> BDO USA, LLP	Firm's EIN <input type="checkbox"/> 13-5381590		Phone no. 703-893-0600	
	Firm's address <input type="checkbox"/> 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102				

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for  
501(c)(3) Organizations Only**

<b>A</b> Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	<b>B</b> Employer identification number 13-1667053
<b>C</b> Unrelated business activity code (see instructions) ▶ 541800	<b>D</b> Sequence: 1 of 3

**E** Describe the unrelated trade or business ▶ PERIODICAL ADVERTISING

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶			
<b>2</b> Cost of goods sold (Part III, line 8)			
<b>3</b> Gross profit. Subtract line 2 from line 1c			
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
<b>c</b> Capital loss deduction for trusts			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b> Rent income (Part IV)			
<b>7</b> Unrelated debt-financed income (Part V)			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b> Exploited exempt activity income (Part VIII)			
<b>11</b> Advertising income (Part IX)	2,973,197.	2,891,906.	81,291.
<b>12</b> Other income (see instructions; attach statement)			
<b>13 Total.</b> Combine lines 3 through 12	2,973,197.	2,891,906.	81,291.

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		87,874.
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		87,874.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		-6,583.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16.	<b>18</b>		-6,583.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  Yes  No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A	
B	
C	
D	

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
---	--	--	--	--

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A	
B	
C	
D	

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ►

9 Allocable deductions. Multiply line 3c by line 6				
--	--	--	--	--

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►

11 **Total dividends-received deductions** included in line 10. ►

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>



**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for  
501(c)(3) Organizations Only**

<b>A</b> Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	<b>B</b> Employer identification number 13-1667053
<b>C</b> Unrelated business activity code (see instructions) ▶ 900099	<b>D</b> Sequence: 2 of 3

**E** Describe the unrelated trade or business ▶ ACCOUNTING SERVICE REVENUE

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) . . . ATCH 3	<b>12</b>	22,320.	22,320.
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b>	22,320.	22,320.

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income	7	8a	8b
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) . . . ATCH 4	<b>14</b>		16,900.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>		16,900.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		5,420.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		5,420.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  Yes  No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A	
B	
C	
D	

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
---	--	--	--	--

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A	
B	
C	
D	

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ►

9 Allocable deductions. Multiply line 3c by line 6

--	--	--	--	--

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►

11 **Total dividends-received deductions** included in line 10. ►

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>



**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<b>A</b>	<input type="checkbox"/>
<b>B</b>	<input type="checkbox"/>
<b>C</b>	<input type="checkbox"/>
<b>D</b>	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A), . . . . .	▶ _____			
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B), . . . . .	▶ _____			
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .	▶ _____			

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			▶ _____

**Part XI Supplemental Information (see instructions)**

---

---

---

---

---

---

---

---

---

---

---

---

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for  
501(c)(3) Organizations Only**

<b>A</b> Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	<b>B</b> Employer identification number 13-1667053
<b>C</b> Unrelated business activity code (see instructions) ▶ 525990	<b>D</b> Sequence: 3 of 3

**E** Describe the unrelated trade or business ▶ INVESTMENTS IN PARTNERSHIPS

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b> 20,458.		20,458.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>ATCH 5</b>	<b>5</b> 197,863.		197,863.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 218,321.		218,321.

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		2,400.
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		2,400.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		215,921.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		215,921.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table with 1 row for Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 2 rows for Rent received or accrued. Row 2a: From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%). Row 2b: From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income). Row 2c: Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table with 1 row for Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement). Columns A, B, C, D.

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table with 1 row for Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 8 rows for Unrelated Debt-Financed Income: 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (3a Straight line depreciation, 3b Other deductions, 3c Total deductions), 4 Amount of average acquisition debt on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Divide line 4 by line 5, 7 Gross income reportable. Multiply line 2 by line 6, 8 Total gross income.

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexempt Controlled Organizations			
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b> .....				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (A), . . . . .	▶ _____			

3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B), . . . . .	▶ _____			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
5 Readership costs . . . . .				
6 Circulation income . . . . .				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .	▶ _____			

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			▶ _____

**Part XI Supplemental Information** (see instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORM 990-T: PART I - LINE 6 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

<u>LOSS YEAR ENDING</u>	<u>ORIGINAL LOSS</u>	<u>LOSS AVAILABLE IN CURRENT YEAR</u>	<u>LOSS CLAIMED IN CURRENT YEAR</u>
12/31/2000			
12/31/2001			
12/31/2002			
12/31/2003			
12/31/2004			
12/31/2005			
12/31/2006			
12/31/2007			
12/31/2008			
12/31/2009	203,116.		
12/31/2010	221,379.	141,323.	141,323.
12/31/2011	159,059.	159,059.	80,018.
12/31/2012	34,506.	34,506.	
12/31/2013	38,592.	38,592.	
12/31/2014			
12/31/2015			
12/31/2016			
12/31/2017			
TOTAL:	<u>656,652.</u>	<u>373,480.</u>	<u>221,341.</u>
NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS .....			373,480.
TAXABLE INCOME (LINE 5 ON PAGE 1, 990T) .....			<u>221,341.</u>
NET OPERATING LOSS DEDUCTION .....			<u>221,341.</u>

ATTACHMENT 2

SCHEDULE A: PERIODICAL ADVERTISING

PART IX - ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1 <u>NAME OF PERIODICAL</u>	2 <u>GROSS ADVERTISING INCOME</u>	3 <u>DIRECT ADVERTISING COSTS</u>	4 <u>ADVERTISING GAIN OR LOSS</u>	5 <u>CIRCULATION INCOME</u>	6 <u>READERSHIP COSTS</u>	7 <u>EXCESS READERSHIP COSTS</u>	8 <u>EXCESS READERSHIP COSTS ALLOWED</u>
ONLINE ADVERTISING	598,331.	481,342.	116,989.				
AIPP JOURNALS	263,575.	202,125.	61,450.	11,063,352.	12,278,266.	1,214,914.	61,450.
PHYSICS TODAY	1,206,756.	1,180,332.	26,424.	2,055,160.	4,725,167.	2,670,007.	26,424.
CAREER NETWORK	706,735.	839,168.	-132,433.				
GRAD SCHOOL SHOPPER	197,800.	188,939.	8,861.				
TOTALS	<u>2,973,197.</u>	<u>2,891,906.</u>					<u>87,874.</u>

SCHEDULE A: ACCOUNTING SERVICES REVENUE

PART I LINE 12 - OTHER INCOME

ACCOUNTING SERVICES INCOME	22,320.
TOTAL .....	<u>22,320.</u>



SCHEDULE A: ACCOUNTING SERVICES REVENUE

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

ACCOUNTING SERVICES EXPENSES	16,900.
TOTAL OTHER DEDUCTIONS .....	<u>16,900.</u>

SCHEDULE A: INVESTMENT IN PARTNERSHIPS

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
OAKTREE REAL ESTATE OPPORTUNITIES F	60,740.		60,740.
OAKTREE OPPORTUNITIES FUND XB, L.P.	132,294.	34,132.	98,162.
ORIGAMI OPPORTUNITIES FUND IV, L.P.	1,067.		1,067.
OAKTREE OPPORTUNITIES FUND XB AIF (	-400.	397.	-797.
OAKTREE OPPORTUNITIES FUND XB AIF (	49,027.	10,701.	38,326.
NEW MOUNTAIN PARTNERS VI, L.P.		212.	-212.
MERCER PRIVATE INVESTMENT PARTNERS	577.		577.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS .....			<u>197,863.</u>

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name **AMERICAN INSTITUTE OF PHYSICS, INC.** Employer identification number **13-1667053**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . .  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .		20,458.		-20,458.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				<b>7</b> -20,458.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .				<b>15</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

**For Paperwork Reduction Act Notice, see the Instructions for Form 1120.**

Schedule D (Form 1120) 2020

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return <b>AMERICAN INSTITUTE OF PHYSICS, INC.</b>	Social security number or taxpayer identification number <b>13-1667053</b>
---	---

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	OAKTREE RE FUND - LP	01/01/2020	12/31/2020		20,458.			-20,458.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				20,458.			-20,458.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return: AMERICAN INSTITUTE OF PHYSICS, INC.
Identifying number: 13-1667053

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable.
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4.

For Paperwork Reduction Act Notice, see separate instructions. Form 4797 (2020)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale . . . . .	21			
22	Depreciation (or depletion) allowed or allowable . . . . .	22			
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24	Total gain. Subtract line 23 from line 20. . . . .	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the smaller of line 24 or 25a. . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions . . . . .	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c			
d	Additional depreciation after 1969 and before 1976 . . . . .	26d			
e	Enter the smaller of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses . . . . .	27a			
b	Line 27a multiplied by applicable percentage. See instructions . . . . .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a			
b	Enter the smaller of line 24 or 29a. See instructions . . . . .	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34	Recomputed depreciation. See instructions . . . . .	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	