

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.

OMB No. 1545-0047

2014Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Doing Business As

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

F Name and address of principal officer:

ROBERT G. W. BROWN

ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740-3843

D Employer identification number

13-1667053

E Telephone number

(301) 209-3100

G Gross receipts \$ 94,275,088.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.AIP.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1931**M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1 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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	37.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	35.
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	329.
	6	Total number of volunteers (estimate if necessary)	250.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,548,553.
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 490,601. Current Year: 456,777.
	9	Program service revenue (Part VIII, line 2g)	57,955,799. 59,001,026.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,642,460. 6,209,658.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,615,542. 8,567,770.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,704,402. 74,235,231.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	416,174. 501,579.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,010,001. 30,137,811.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 420,798.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	36,837,022. 40,535,317.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,263,197. 71,174,707.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	5,441,205. 3,060,524.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 193,473,923. End of Year: 200,085,090.
	21	Total liabilities (Part X, line 26)	38,372,987. 42,189,508.
	22	Net assets or fund balances. Subtract line 21 from line 20.	155,100,936. 157,895,582.

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.

Sign Here

Signature of officer: CATHERINE G. SWARTZ, CFO
Date: 10/29/2015

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WHITNEY E BLAIR
Preparer's signature: Whitney E. Blair
Date: 10/29/2015
Check ☐ if self-employed
PTIN: P01226647
Firm's name: KPMG LLP
Firm's EIN: 13-5565207
Firm's address: 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102
Phone no.: 703-286-8000

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** (2014)

Cumulative E-File History 2014	
Federal	
Locator: 54L1CQ	
Taxpayer Name: AMERICAN INSTITUTE OF PHYSICS, INC.	
Return Type: 990, 990	
Submitted Date	11/2/2015 12:35:05 PM
Acknowledgement Date	11/2/2015 12:56:15 PM
Status	Accepted
Submission ID	54028020153065000001
Print	Close

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2014, or tax year beginning _____, 2014, and ending _____, 20 ____

2014Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>74235231.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

CFO
Title**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's
Use
Only**ERO's
signatureWhitney E. BlainDate
10/29/2015Check if
also paid
preparer☒Check if
self-
employed☐

ERO's SSN or PTIN

P01226647Firm's name (or
yours if self-employed),
address, and ZIP codeKPMG LLP1676 INTERNATIONAL DRIVEMCLEANVA 22102EIN 13-5565207Phone no. 703-286-8000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

self-employed

Firm's name ▶

Firm's address ▶

Firm's EIN ▶

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2014)

JSA

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54L1CQ 2502

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PAGE 1

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions.	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	AMERICAN INSTITUTE OF PHYSICS, INC.	13-1667053
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	ONE PHYSICS ELLIPSE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COLLEGE PARK, MD 20740-3843	

Enter the Return code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ►CATHERINE G. SWARTZ

Telephone No. ► 301 209-3100

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2014 or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

- | | | | |
|--|-----------|----|--|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	AMERICAN INSTITUTE OF PHYSICS, INC.		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.		13-1667053	
	ONE PHYSICS ELLIPSE		Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		COLLEGE PARK, MD 20740-3843		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **► CATHERINE G. SWARTZ**
Telephone No. **► 301 209-3100** Fax No. **►**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **►** ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/16, 20 15.
- For calendar year 2014, or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **► Whitney E. Blain** Title **► PAID PREPARER** Date **► 07/31/2015**
Form 8868 (Rev. 1-2014)

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:AIP'S MISSION IS TO ADVANCE, PROMOTE AND SERVE THE PHYSICAL SCIENCES
FOR THE BENEFIT OF HUMANITY.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

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

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

☐ Yes ☒ No**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 \$ 37,294,898. including grants of \$) (Revenue \$ 57,965,803.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 10,440,830. including grants of \$ 501,579.) (Revenue \$ 1,035,223.)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 47,735,728.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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	
22 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	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2014)

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

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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 in 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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 37		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 35		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 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 (or 1024 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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

CATHERINE G. SWARTZ - ONE PHYSICS ELLIPSE, COLLEGE PARK, MD 20740-3843

301-209-3100

JSA

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Form 990 (2014)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (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) JUDY DUBNO DIRECTOR	2.00 0	X						0	0	0
(2) CHARLES CARTER DIRECTOR	2.00 0	X						0	0	0
(3) DIAN SEIDEL DIRECTOR	2.00 0	X						0	0	0
(4) FAITH MORRISON DIRECTOR	2.00 0	X						0	0	0
(5) HOMER NEAL DIRECTOR	2.00 0	X						0	0	0
(6) MARCIA ISAKSON DIRECTOR	2.00 0	X						0	0	0
(7) STEVE IONA DIRECTOR	2.00 0	X						0	0	0
(8) MARY MOGGE DIRECTOR	2.00 0	X						0	0	0
(9) JONATHAN MALAY DIRECTOR	2.00 0	X						0	0	0
(10) KEITH SEITTER DIRECTOR	2.00 0	X						0	0	0
(11) H. JOE WITTE DIRECTOR	2.00 0	X						0	0	0
(12) LOUIS J LANZEROTTI CHAIRMAN	20.00 0	X	X					60,000.	0	0
(13) H. FREDERICK DYLLA EXECUTIVE DIR.	40.00 3.00	X	X					574,865.	0	46,087.
(14) JUDITH FLIPPEN-ANDERSON SECRETARY	25.00 0	X	X					70,314.	0	0

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

(A) Name and title	(B) Average hours per week (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) SAMUEL ARONSON DIRECTOR	2.00 0	X						0	0	0
(16) MALCOLM BEASLEY DIRECTOR	2.00 0	X						0	0	0
(17) G FRITZ BENEDICT DIRECTOR	2.00 0	X						0	0	0
(18) J DANIEL BOURLAND DIRECTOR	2.00 0	X						0	0	0
(19) BRUCE CURRAN DIRECTOR	2.00 0	X						0	0	0
(20) BETH CUNNINGHAM DIRECTOR	2.00 5.00	X						0	0	0
(21) ROBERT DOERING DIRECTOR	2.00 0	X						0	0	0
(22) MICHAEL DUNCAN DIRECTOR	2.00 0	X						0	0	0
(23) DAVID ERNST DIRECTOR	2.00 0	X						0	0	0
(24) JANET FENDER DIRECTOR	2.00 0	X						0	0	0
(25) PAUL KELLEY DIRECTOR	2.00 0	X						0	0	0
1b Sub-total								705,179.	0	46,087.
c Total from continuation sheets to Part VII, Section A								4,024,101.	0	559,283.
d Total (add lines 1b and 1c)								4,729,280.	0	605,370.

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 **72**

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

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 **11**

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) ANGELA KEYSER DIRECTOR	2.00 0	X						0	0	0
(27) KATE KIRBY DIRECTOR	2.00 3.00	X						0	0	0
(28) RUDOLF LUDEKE DIRECTOR	2.00 0	X						0	0	0
(29) KEVIN MARVEL DIRECTOR	2.00 0	X						0	0	0
(30) ELIZABETH ROGAN DIRECTOR	2.00 0	X						0	0	0
(31) JOSEPH SERENE DIRECTOR	2.00 5.00	X						0	0	0
(32) NEAL SHINN DIRECTOR	2.00 0	X						0	0	0
(33) SCOTT SOMMERFELDT DIRECTOR	2.00 0	X						0	0	0
(34) GENE SPROUSE DIRECTOR	2.00 0	X						0	0	0
(35) GAY STEWART DIRECTOR	2.00 0	X						0	0	0
(36) HERVEY (PETER) STOCKMAN DIRECTOR	2.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
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 72										

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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 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			
(37) MICHAEL TURNER DIRECTOR	2.00 0	X						0	0	0
(38) CATHERINE O'RIORDAN VICE PRESIDENT	40.00 0			X				233,242.	0	25,996.
(39) CATHERINE G SWARTZ CFO	40.00 5.00			X				225,353.	0	51,072.
(40) THERESA BRAUN VICE PRESIDENT	40.00 0			X				222,217.	0	32,050.
(41) ADRIANA ACOSTA HEAD OF GLOBAL SALES	40.00 0				X			288,485.	0	21,602.
(42) MARK CASSAR PUBLISHER	40.00 0				X			172,312.	0	45,784.
(43) RANDOLPH NANNA PUBLISHER MAGAZINE PUBLISH	40.00 0				X			196,432.	0	36,563.
(44) ROY LEVENSON CFO	40.00 0				X			265,133.	0	32,939.
(45) LISA MCLAUGHLIN COO	40.00 0				X			219,100.	0	32,193.
(46) JOHN HAYNES CEO AIP PUBLISHING LLC	40.00 0				X			515,885.	0	36,760.
(47) WENDY MARRIOTT HEAD OF IT OPERATIONS	40.00 0				X			187,041.	0	47,141.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **72**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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 VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

1b Sub-total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)			
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	72		

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	114,972.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	341,805.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		456,777.			
Program Service Revenue				Business Code			
	2a	PUBLISHING CENTER	511120	57,965,803.	54,749,713.	3,216,090.	
	b	PHYSICS RESOURCES CENTER	900099	1,035,223.	1,035,223.		
	c					
	d					
	e					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		59,001,026.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,961,335.		226,651.	2,734,684.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			23,288,180.				
	b	Less: cost or other basis and sales expenses		20,039,857.			
	c	Gain or (loss)		3,248,323.			
	d	Net gain or (loss)		3,248,323.		105,812.	3,142,511.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
11a	PASS THRU COSTS/ MBR SOCIETIES	900099	7,276,625.	7,276,625.			
b	EQUITY GAIN ON ACP INVESTMENT	900099	1,287,380.	1,287,380.			
c	MISCELLANEOUS INCOME	900099	3,765.	3,765.			
d	All other revenue						
e	Total. Add lines 11a-11d		8,567,770.				
12	Total revenue. See instructions		74,235,231.	64,352,706.	3,548,553.	5,877,195.	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,442.	98,442.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	377,898.	377,898.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,239.	25,239.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,669,283.	2,886,025.	1,783,258.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	18,260,671.	12,268,710.	5,765,400.	226,561.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,046,654.	1,391,725.	634,462.	20,467.
9 Other employee benefits	3,414,554.	2,321,897.	1,058,512.	34,145.
10 Payroll taxes	1,746,649.	1,187,721.	541,461.	17,467.
11 Fees for services (non-employees):				
a Management	2,321,358.	1,643,386.	675,649.	2,323.
b Legal	1,035,627.		1,035,627.	
c Accounting	388,473.	3,188.	385,285.	
d Lobbying	126,408.	18,000.	108,408.	
e Professional fundraising services. See Part IV, line 17,	0			
f Investment management fees	108,410.		108,410.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	277,341.	270,901.	6,440.	
12 Advertising and promotion	2,114,366.	2,087,235.	6,000.	21,131.
13 Office expenses	612,485.	226,002.	360,499.	25,984.
14 Information technology	3,566,796.	1,604,389.	1,951,889.	10,518.
15 Royalties	0			
16 Occupancy	6,299,774.	34,226.	6,265,548.	
17 Travel	1,106,799.	941,128.	160,069.	5,602.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,234,226.	894,597.	325,861.	13,768.
20 Interest	30,354.		30,354.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,314,819.	642,690.	672,129.	
23 Insurance	230,557.		230,557.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER SOCIETY PASS THRU	7,276,625.	7,276,625.		
b EDIT MANAGEMENT	4,592,324.	4,592,324.		
c PUBLISHING PRODUCTION	3,227,122.	3,224,640.	1,982.	500.
d PUBLISHING PRINTING	2,926,498.	2,893,069.	9,036.	24,393.
e All other expenses	1,744,955.	825,671.	901,345.	17,939.
25 Total functional expenses. Add lines 1 through 24e	71,174,707.	47,735,728.	23,018,181.	420,798.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	23,132,945.	1	29,852,949.
	2 Savings and temporary cash investments	6,507,561.	2	5,221,842.
	3 Pledges and grants receivable, net	58,172.	3	144,720.
	4 Accounts receivable, net	4,618,141.	4	4,903,394.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	374.	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	991,783.	9	819,848.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,921,021.		
	b Less: accumulated depreciation	10b 3,677,683.		
		2,596,831.	10c	7,243,338.
	11 Investments - publicly traded securities	112,429,594.	11	108,797,634.
	12 Investments - other securities. See Part IV, line 11	32,787,980.	12	31,433,442.
	13 Investments - program-related. See Part IV, line 11	68,104.	13	98,104.
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	10,282,438.	15	11,569,819.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	193,473,923.	16	200,085,090.	
Liabilities	17 Accounts payable and accrued expenses	5,887,125.	17	7,654,559.
	18 Grants payable	0	18	0
	19 Deferred revenue	18,887,438.	19	20,916,527.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,598,424.	25	13,618,422.
	26 Total liabilities. Add lines 17 through 25	38,372,987.	26	42,189,508.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	138,623,774.	27	141,192,727.
	28 Temporarily restricted net assets	5,858,633.	28	6,008,111.
	29 Permanently restricted net assets	10,618,529.	29	10,694,744.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	155,100,936.	33	157,895,582.
	34 Total liabilities and net assets/fund balances	193,473,923.	34	200,085,090.

Form **990** (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,235,231.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,174,707.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,060,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,100,936.
5	Net unrealized gains (losses) on investments	5	-158,363.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-107,515.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,895,582.

Part XII Financial Statements and ReportingCheck 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 in 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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 1-9 above or IRC section (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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	757,520.	1,003,190.	3,771,663.	490,601.	456,777.	6,479,751.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	60,815,235.	59,434,250.	58,729,889.	57,955,799.	59,001,026.	295,936,199.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5.	61,572,755.	60,437,440.	62,501,552.	58,446,400.	59,457,803.	302,415,950.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			3,000,000.			3,000,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b.			3,000,000.			3,000,000.
8 Public support (Subtract line 7c from line 6.)						299,415,950.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.	61,572,755.	60,437,440.	62,501,552.	58,446,400.	59,457,803.	302,415,950.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,109,586.	4,177,709.	4,754,933.	4,576,181.	2,961,335.	20,579,744.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	4,109,586.	4,177,709.	4,754,933.	4,576,181.	2,961,335.	20,579,744.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1.	8,752,563.	8,988,638.	8,626,176.	8,615,542.	8,567,770.	43,550,689.
13 Total support. (Add lines 9, 10c, 11, and 12.)	74,434,904.	73,603,787.	75,882,661.	71,638,123.	70,986,908.	366,546,383.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	81.69 %
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	82.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	5.61 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	5.59 %

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b 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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
c 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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** 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? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** 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)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** 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? 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.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** 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? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

		(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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 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 Distributable Amount. 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).		

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
DAY CARE	252,929.	254,841.				507,770.
AT-COST MEMBER SERVICES	7,768,182.	7,516,754.	7,501,469.	7,187,193.	7,276,625.	37,250,223.
EQUITY GAIN/LOSS ON ACP INV	731,192.	1,216,845.	1,124,707.	1,172,218.	1,287,380.	5,532,342.
MISCELLANEOUS	260.	198.		256,131.	3,765.	260,354.
TOTALS	<u>8,752,563.</u>	<u>8,988,638.</u>	<u>8,626,176.</u>	<u>8,615,542.</u>	<u>8,567,770.</u>	<u>43,550,689.</u>

Schedule of Contributors

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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 the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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		\$ 89,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 13,000.	Person <input checked="" 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 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
7		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 8,118.	Person <input checked="" 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 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
13		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 25,496.	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.)

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
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----

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

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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.
- 2** Political expenditures ► \$ _____
- 3** Volunteer hours _____

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

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

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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) 2014

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		192,475.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?		X	
j Total. Add lines 1c through 1i			192,475.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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)

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

AIP'S LOBBYING EFFORTS FOCUS ON SCIENCE AND TECHNOLOGY FUNDING AND PROGRAM DIRECTION FOR THE NATIONAL SCIENCE FOUNDATION, 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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.

b If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1 ► \$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in 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) 2014

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 are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c _____
d Additions during the year	1d _____
e Distributions during the year	1e _____
f Ending balance	1f _____

2a Did the organization include an amount on 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 in Part XIII. ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,624,446.	24,131,169.	18,659,786.	19,432,716.	17,514,715.
b Contributions	76,215.	9,828.	3,118,587.	24,619.	63,224.
c Net investment earnings, gains, and losses	969,441.	2,786,632.	2,616,234.	-536,268.	2,141,240.
d Grants or scholarships					
e Other expenditures for facilities and programs	441,450.	303,182.	263,438.	261,281.	286,463.
f Administrative expenses					
g End of year balance	27,228,652.	26,624,447.	24,131,169.	18,659,786.	19,432,716.

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

a Board designated or quasi-endowment ▶ 44.0000 %

b Permanent endowment ▶ 40.0000 %

c Temporarily restricted endowment ▶ 16.0000 %

The percentages in 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 **3a(i)** ☐ Yes ☒ No

(ii) related organizations **3a(ii)** ☐ Yes ☒ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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" to 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
1a Land				
b Buildings				
c Leasehold improvements		4,778,590.	425,732.	4,352,858.
d Equipment		4,881,436.	2,905,042.	1,976,394.
e Other		1,260,995.	346,909.	914,086.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,243,338.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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	31,433,442.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	31,433,442.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENT IN ACP	11,569,819.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	11,569,819.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) ACCRUED POSTRETIREMENT MEDICAL	10,337,305.
(3) DUE TO MEMBER SOCIETIES	3,281,117.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	13,618,422.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements		1	
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		2e	
3	Subtract line 2e from line 1		3	
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		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

1		Total expenses and losses per audited financial statements	1	
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	2e	
3		Subtract line 2e from line 1	3	
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	4c	
5		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

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)

SUPPLEMENTAL INFORMATION

PART V - THE ENDOWMENT FUNDS ARE FOR THE HISTORY CENTER, SOCIETY OF PHYSICS STUDENTS AND SPECIAL PROGRAMS WITHIN THE PHYSICS RESOURCES CENTER AT AIP.

PART X - AIP PUBLISHING LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY WITH RESPECT TO AIP AND AS SUCH, IT IS DISREGARDED FOR FEDERAL INCOME TAX PURPOSES. AIP GLOBAL IS A FOR PROFIT CORPORATION SUBJECT TO FEDERAL INCOME TAXES UNDER THE INTERNAL REVENUE CODE. TAX POSITIONS ARE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY THAN-NOT" THRESHOLD. RECOGNIZED INCOME TAX PROVISIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH A CHANGE IN JUDGMENT OCCURS. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

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. AIP DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT SHOULD BE RECORDED.

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

2014**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.

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

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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING		16,916.
(2) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		254.
(3) NORTH AMERICA			GRANTMAKING		4,269.
(4) SOUTH AMERICA			GRANTMAKING		3,800.
(5) EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	LIAISON OFFICE	139,200.
(6) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		4,328,000.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	1.	2.			4,492,439.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	2.			4,492,439.

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

Schedule F (Form 990) 2014

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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 non-cash assistance	(h) Description of non-cash 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 tax-exempt 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH	MIDDLE EAST/NORTH AFRICA	1.	254.	CHECK			
(2) RESEARCH	EUROPE/ICELAND/GREENLAND	8.	16,916.	CHECK			
(3) RESEARCH	NORTH AMERICA	4.	4,269.	CHECK			
(4) RESEARCH	SOUTH AMERICA	2.	3,800.	CHECK			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014

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 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2014

Part V **Supplemental Information**

Complete this part to 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 US

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

METHOD OF ACCOUNTING

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

SCHEDULE I
(Form 990)

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

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

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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. ☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GEORGE WASHINGTON UNIVERSITY PO BOX 85 WASHINGTON, DC 20055	53-0196584	501 (C) (3)	37,826.				INTERN HOUSING
(2) HARRY RANSON CENTER PO BOX 7219 AUSTIN, TX 78713	74-6000203	501 (C) (3)	5,178.				PRESERVE DOCUMENTS
(3) NEW YORK UNIVERSITY PO BOX 5166 NEW YORK, NY 10087	13-5562308	501 (C) (3)	12,900.				PRESERVE DOCUMENTS
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							3.
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) (2014)

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Part III Grants and Other Assistance to Individuals in the United States. 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	TRAVEL AND MEETING EXPENSES	154.	41,035.			
2	SCHOLARSHIPS AND AWARDS FOR SPS MEMBERS	41.	41,350.			
3	AWARDS FOR ACHIEVEMENTS IN PHYSICS	4.	25,000.			
4	SCIENCE WRITING AWARDS	6.	12,000.	742. FMV		ENGRAVED CHAIR
5	CONGRESSIONAL & US STATE DEPARTMENT	5.	247,980.			
6	INTERVIEWS AND PRESERVE DOCUMENTS	13.	9,745.	46.		T-SHIRTS
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN 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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

13-1667053

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., 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.	X	
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 in line 1a?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page 2

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 H. FREDERICK DYLLA EXECUTIVE DIR.	(i) 495,123.	0	79,742.	26,000.	20,087.	620,952.	0
(ii)	0	0	0	0	0	0	0
2 CATHERINE O'RIORDAN VICE PRESIDENT	(i) 232,762.	0	480.	23,330.	2,666.	259,238.	0
(ii)	0	0	0	0	0	0	0
3 CATHERINE G SWARTZ CFO	(i) 224,873.	0	480.	23,220.	27,852.	276,425.	0
(ii)	0	0	0	0	0	0	0
4 THERESA BRAUN VICE PRESIDENT	(i) 220,737.	1,000.	480.	21,710.	10,340.	254,267.	0
(ii)	0	0	0	0	0	0	0
5 ADRIANA ACOSTA HEAD OF GLOBAL SALES	(i) 76,672.	62,014.	149,799.	17,123.	4,479.	310,087.	0
(ii)	0	0	0	0	0	0	0
6 MARK CASSAR PUBLISHER	(i) 158,123.	14,189.	0	18,019.	27,765.	218,096.	0
(ii)	0	0	0	0	0	0	0
7 RANDOLPH NANNA PUBLISHER MAGAZINE PUBLISH	(i) 190,952.	5,000.	480.	19,640.	16,923.	232,995.	0
(ii)	0	0	0	0	0	0	0
8 ROY LEVENSON CFO	(i) 246,196.	18,000.	937.	17,422.	15,517.	298,072.	0
(ii)	0	0	0	0	0	0	0
9 LISA MCLAUGHLIN COO	(i) 204,591.	14,189.	320.	22,002.	10,191.	251,293.	0
(ii)	0	0	0	0	0	0	0
10 JOHN HAYNES CEO AIP PUBLISHING LLC	(i) 410,810.	79,000.	26,075.	26,000.	10,760.	552,645.	0
(ii)	0	0	0	0	0	0	0
11 WENDY MARRIOTT HEAD OF IT OPERATIONS	(i) 175,561.	11,000.	480.	19,320.	27,821.	234,182.	0
(ii)	0	0	0	0	0	0	0
12 EVAN OWENS CIO	(i) 158,471.	14,189.	119,521.	19,021.	4,467.	315,669.	0
(ii)	0	0	0	0	0	0	0
13 JASON WILDE CHIEF PUBLISHING OFFICER	(i) 89,697.	0	69,000.	0	7,012.	165,709.	0
(ii)	0	0	0	0	0	0	0
14 LARRY BELMONT DIR OF BUSINESS DEVELOPMENT	(i) 117,996.	1,500.	119,447.	17,082.	17,397.	273,422.	0
(ii)	0	0	0	0	0	0	0
15 JOEL LACALAMITA DIR OF INFRASTRUCTURE & COMMON	(i) 128,310.	3,000.	107,024.	16,566.	27,526.	282,426.	0
(ii)	0	0	0	0	0	0	0
16 CHRIS MCMAHON DIR CONTENT MANAGEMENT	(i) 123,295.	1,000.	101,594.	15,492.	20,226.	261,607.	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES MINDER SECTION MANAGER	(i) 101,400.	1,500.	67,989.	13,117.	25,338.	209,344.	0
	(ii) 0	0	0	0	0	0	0
2 HU WANG SOFTWARE ARCHITECT	(i) 104,646.	1,500.	67,822.	12,612.	1,327.	187,907.	0
	(ii) 0	0	0	0	0	0	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page 3

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 1A

RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

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

PART I, LINE 3

METHODS USED BY ORGANIZATION TO ESTABLISH CEO/EXEC. DIRECTOR

COMPENSATION

ON AN ANNUAL BASIS AIP RETAINS A COMPENSATION CONSULTING FIRM TO REVIEW
THE CURRENT COMPENSATION OF THE CEO, WHICH INCLUDES DETAILED COMPARISONS
WITH COMPARABLY SIZED NOT-FOR-PROFIT ORGANIZATIONS AS WELL AS SELECTED
PEER SCIENTIFIC AND ENGINEERING ORGANIZATIONS. THIS INFORMATION IS
REVIEWED BY THE SECRETARY OF THE BOARD AND THE CHAIR OF THE GOVERNING
BOARD OF AIP. THE CHAIR THEN DISCUSSES IT WITH THE EXECUTIVE COMMITTEE OF
THE GOVERNING BOARD WHO MAKES THE FINAL DECISION OF THE COMPENSATION FOR
THE CEO. COMPENSATION FOR THE CEO IS DISCUSSED AND DOCUMENTED DURING THE
EXECUTIVE SESSION OF AIP'S BOARD MEETINGS.

JSA

4E1505 1.000

54L1CQ 2502

V 14-7.3F

79805

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY

BASED COMPENSATION**PART I, LINE 4A**

SEVERANCE PAYMENT: THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT

DURING THE YEAR:

ADRIANA ACOSTA \$117,775

EVAN OWENS \$108,050

LARRY BELMONT \$ 71,250

JOEL LACALAMITA \$ 80,050

CHRIS MCMAHON \$ 74,750

CHARLES MINDER \$ 46,806

HU WANG \$ 47,269

PART I, LINE 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

THE FOLLOWING INDIVIDUAL PARTICIPATED IN SECTION 457(F) SUPPLEMENTAL,

NON-QUALIFIED RETIREMENT PLAN: H. FREDERICK DYLLA

Part III Supplemental Information

Complete this part to 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.

THE FOLLOWING AMOUNTS WERE DEFERRED DURING THE YEAR:

H. FREDERICK DYLLA \$25,000.

THE FOLLOWING 457(F) AMOUNTS BECAME VESTED IN OR PAID OUT DURING THE

YEAR:

H. FREDERICK DYLLA \$53,994

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

AMERICAN INSTITUTE OF PHYSICS, INC.

13-1667053

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

AIP PUBLISHING LLC (AIPP) IS A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY THE AMERICAN INSTITUTE OF PHYSICS (AIP). AIPP IS A SCHOLARLY PUBLISHER IN THE PHYSICAL AND RELATED SCIENCES, PROVIDING THE GLOBAL SCIENCE COMMUNITY WITH A COMPREHENSIVE COLLECTION OF CITED, PEER-REVIEWED SCIENTIFIC PAPERS AND OTHER INFORMATION. ACCESSED BY RESEACHERS AT NEARLY 4,000 INSTITUTIONS WORLDWIDE, AIPP'S PORTFOLIO OF 17 JOURNALS INCLUDES PRESTIGIOUS TITLES SUCH AS APPLIED PHYSICS LETTERS, JOURNAL OF APPLIED PHYSICS, THE JOURNAL OF CHEMICAL PHYSICS, AND THE AIP CONFERENCE PROCEEDINGS. AIPP SUPPORTS THE SCIENTIFIC AND EDUCATIONAL MISSION OF AIP THROUGH ITS SCHOLARLY PUBLISHING ACTIVITIES AND ALSO WORKS WITH SEVERAL OF AIP'S MEMBER SOCIETIES AND OTHER PUBLISHING PARTNERS TO HELP THEM ADVANCE THEIR PUBLISHING MISSIONS.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE ACCOMPLISHMENTS

AIP PROGRAMS: IN KEEPING WITH ITS MISSION AND TO FULFILL THE CONSTITUTIONAL MANDATE IN PUBLIC INFORMATION, EDUCATION AND RELATED ACTIVITIES, AIP OFFERS UNIQUE SERVICES, PRODUCTS, AND EXPERTISE IN: EDUCATION AND STUDENT SERVICES, HISTORY OF PHYSICS, MEDIA AND GOVERNMENT RELATIONS, MAGAZINE PUBLISHING AND EMPLOYMENT SERVICES FOR SCIENCE AND ENGINEERING PROFESSIONALS, STATISTICAL RESEARCH, AND INDUSTRY OUTREACH. WITH THE PURPOSE OF PROMOTING THE PROGRESS AND RELEVANCE OF PHYSICS AND

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

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ALLIED FIELDS AND ADVANCE THEIR CONTRIBUTIONS AND RESPONSIVENESS TO SOCIETY, AIP GENERATES, COMMUNICATES AND POPULARIZES KNOWLEDGE, UNIQUE EXPERTISE AND AUTHORITATIVE INFORMATION. AIP SERVES THE FOLLOWING AUDIENCES: AIP MEMBER SOCIETIES, THEIR INDIVIDUAL MEMBERS, STUDENTS AND THE GENERAL PUBLIC.

THE SOCIETY OF PHYSICS STUDENTS (SPS) IS A SCIENTIFIC SOCIETY FOR PHYSICS UNDERGRADUATES AND THEIR MENTORS, WITH MORE THAN 3800 MEMBERS AND 754 CHAPTERS NATIONWIDE AND SEVERAL INTERNATIONAL CHAPTERS.

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 63,000 MEMBERS TOWARDS THE ENTIRE PHYSICS COMMUNITY AND THE PUBLIC. 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 AIP HISTORY PROGRAMS (THE CENTER FOR THE HISTORY OF PHYSICS AND THE NIELS BOHR LIBRARY & ARCHIVES) WORK TO PRESERVE AND MAKE KNOWN THE HISTORICAL RECORD OF MODERN PHYSICS AND ALLIED SCIENCES. THROUGH DOCUMENTATION, ARCHIVAL COLLECTIONS AND EDUCATIONAL INITIATIVES, AIP HISTORY PROGRAMS ENSURE THAT THE HERITAGE OF MODERN PHYSICS IS SAFEGUARDED AND ITS STORY ACCURATELY TOLD.

Name of the organization AMERICAN INSTITUTE OF PHYSICS, INC.	Employer identification number 13-1667053
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THE HISTORY OF PHYSICS OFFERS A RICH FRAMEWORK OF EXCITING PAST ACHIEVEMENTS AND VALUABLE GUIDANCE FOR CURRENT AND FUTURE GENERATIONS OF PHYSICISTS.

PHYSICS TODAY PROVIDES A UNIFYING INFLUENCE FOR THE PHYSICAL SCIENCES BY PROVIDING BROAD AND AUTHORITATIVE COVERAGE OF SCIENTIFIC RESEARCH, NEWS, AND OPINIONS OF RELEVANCE TO THE GLOBAL SCIENTIFIC COMMUNITY. THE MAGAZINE IS RECEIVED BY MEMBERS OF TEN SCIENTIFIC SOCIETIES, MANY LIBRARIES AND INSTITUTIONS AROUND THE WORLD, AND OTHER INTERESTED INDIVIDUALS. THE PHYSICS TODAY WEBSITE HAS ADDITIONAL MATERIAL AND IS UPDATED DAILY; IN ADDITION, PHYSICS TODAY HAS A STRONG PRESENCE ON SOCIAL MEDIA WITH, FOR EXAMPLE, MORE THAN 2 MILLION ACTIVE FOLLOWERS ON FACEBOOK.

INSIDE SCIENCE IS AN EDITORIALY INDEPENDENT, NONPROFIT NEWS OUTLET THAT PRODUCES QUALITY, ACCURATE STEM (SCIENCE-TECHNOLOGY-EDUCATION-MATHEMATICS) NEWS. THE CONTENT IS AVAILABLE FOR SYNDICATION BY MAINSTREAM NEWS ORGANIZATIONS, INCLUDING THOSE WITH REDUCED OR NONEXISTENT SCIENCE REPORTERS, IN THE ERA OF DIMINISHED REVENUE IN THE FOR-PROFIT NEWS ORGANIZATIONS. INSIDE SCIENCE INCLUDES FOUR AREAS: NEWS ARTICLES, VIDEOS, GUEST COLUMNS AND AN EDITOR'S BLOG.

THE AIP MEDIA SERVICES TEAM WORKS WITH AIP PUBLISHING, AIP MEMBER SOCIETIES AND ALLIED ORGANIZATIONS TO PRODUCE AND PROMOTE TIMELY AND

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

ACCURATE PUBLIC DISSEMINATION OF SCIENTIFIC ADVANCES AND KNOWLEDGE. MEDIA SERVICE STAFF RUN PRESS ROOMS, ORGANIZE PRESS CONFERENCE AND OTHER OUTREACH EVENTS AND PRODUCE HUNDREDS OF WRITTEN STORIES, VIDEOS, IMAGES, 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 AND EMPLOYMENT IN PHYSICS AND RELATED FIELDS. DATA IS PUBLISHED IN THE AREAS OF ENROLLMENT, DEGREES, DEMOGRAPHICS, REPRESENTATION OF WOMEN AND MINORITIES, EMPLOYMENT BY ECONOMIC SECTOR, AND SALARY INFORMATION FOR BACHELOR'S, MASTER'S AND PHD DEGREE HOLDERS. THE CENTER ALSO PROVIDES SURVEY EXPERTISE AND CONTRACTS WITH MEMBER SOCIETIES AND OUTSIDE ORGANIZATIONS TO CARRY OUT TARGETED STUDIES.

AIP INDUSTRIAL PHYSICS FORUMS (IPF) BRING TOGETHER INDUSTRIAL AND APPLIED SCIENTISTS, WITH RESEARCH MANAGERS AND LEADERS FROM INDUSTRY, ACADEMIA, AND GOVERNMENT, WITH THE GOAL OF ADVANCING THE CONTRIBUTIONS OF PHYSICS AND PHYSICISTS TO ECONOMIC GROWTH. IPF MEETINGS FEATURE INVITED SPEAKER SESSIONS THAT COMPLEMENT AIP MEMBER SOCIETY MEETINGS. EXPERTS DISCUSS NEW APPLICATIONS OF PHYSICS, PRODUCT DEVELOPMENTS, AND OTHER OPPORTUNITIES FOR SCIENCE IN TODAY'S ECONOMIC ENVIRONMENT. THE IPF OFFERS PARTICIPANTS OPPORTUNITIES TO LEARN ABOUT INNOVATIONS IN THE FIELD, TO INTERFACE WITH THE PEOPLE DRIVING THEM, AND TO STRATEGIZE ABOUT DIRECTIONS FOR FUTURE ECONOMIC AND SCIENTIFIC PROGRESS.

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

FORM 990, PART VI, LINE 4

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

AIP'S CONSTITUTION AND BYLAWS WERE AMENDED TO EFFECTUATE THE RESTRUCTURING OF AIP'S BOARD, TO COMPLY WITH APPLICABLE NEW YORK LAWS, TO CLARIFY AMBIGUOUS LANGUAGE, AND TO MODERNIZE AND STREAMLINE THE DOCUMENTS. THE AMENDMENTS WERE APPROVED BY AIP'S BOARD AND AIP'S MEMBERS IN NOVEMBER 2014.

FORM 990, PART VI, LINE 6

EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

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

FORM 990, PART VI, LINE 7A

HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE BOARD OF DIRECTORS IS COMPOSED OF THE FOLLOWING INDIVIDUALS:

-ONE (1) INDIVIDUAL ELECTED OR APPOINTED BY EACH MEMBER (A "MEMBER SOCIETY DIRECTOR")

-NOT LESS 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 OFFICERS, EX-OFFICIO (THE "EX-OFFICIO DIRECTORS")

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 ASSISTANCE FROM AIP'S SENIOR MANAGEMENT. THE FORM

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

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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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH YEAR A CONFLICT OF INTEREST FORM IS COMPLETED BY ALL REQUIRED
INDIVIDUALS. THE CHAIR OF THE AUDIT COMMITTEE REVIEWS AND EVALUATES IF
THERE IS ANY CONFLICT OF INTEREST AND ITS IMPACT TO THE ORGANIZATION.

FORM 990, PART VI, LINE 15A

COMPENSATION REVIEW & APPROVAL PROCESS - CEO

ON AN ANNUAL BASIS, AIP RETAINS A COMPENSATION CONSULTING FIRM TO REVIEW
THE CURRENT COMPENSATION OF THE CEO, WHICH INCLUDES DETAILED COMPARISONS
WITH COMPARABLY SIZED NOT-FOR-PROFIT ORGANIZATIONS AS WELL AS SELECTED
PEER SCIENTIFIC AND ENGINEERING ORGANIZATIONS. THIS INFORMATION IS
REVIEWED BY THE SECRETARY OF THE BOARD AND THE CHAIR OF THE GOVERNING
BOARD OF AIP. THE CHAIR THEN DISCUSSES IT WITH THE EXECUTIVE COMMITTEE OF
THE GOVERNING BOARD WHO MAKES THE FINAL DECISION OF THE COMPENSATION FOR
THE CEO. COMPENSATION FOR THE CEO IS DISCUSSED AND DOCUMENTED DURING THE
EXECUTIVE SESSION OF AIP'S BOARD MEETINGS.

FORM 990, PART VI, LINE 15B

COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

BIANNUALLY, AIP RETAINS A COMPENSATION CONSULTING FIRM TO REVIEW THE
CURRENT COMPENSATION OF THE OPERATING OFFICERS. THE REPORT INCLUDES
DETAILED COMPARISONS WITH COMPARABLY SIZED NOT-FOR-PROFIT ORGANIZATIONS

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

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AND SELECTED PEER SCIENTIFIC AND ENGINEERING ORGANIZATIONS. THIS INFORMATION IS REVIEWED BY THE VP OF HUMAN RESOURCES AND THE CEO. THE CEO MAKES THE RECOMMENDATION TO THE COMPENSATION COMMITTEE FOR APPROVAL. PERIODICALLY THIS PROCESS IS DONE FOR KEY EMPLOYEES AND IS REVIEWED AND APPROVED BY THE MANAGEMENT COMMITTEE. THE DELIBERATIONS ARE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE AIP WEBSITE HAS A GOVERNANCE SECTION THAT INCLUDES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. ALSO, ON THE WEBSITE ARE ANNUAL REPORTS THAT INCLUDE FINANCIAL HIGHLIGHTS FOR AIP.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FASB ADOPTION POST RETIREMENT PLAN. \$ -107,515.

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON LLP 33562 TREASURY CENTER CHICAGO, IL 60694	CONSULTING	750,191.
ORIGIN EDITORIAL, LLC P.O. BOX 861 PLYMOUTH, MA 02362	EDITORIAL OPERATIONS	1,594,135.
STEPTOE & JOHNSON LLP 1330 CONNECTICUT AVE, NW WASHINGTON, DC 20036	LEGAL	665,834.
BRYAN CAVE LLP	LEGAL	189,533.

Name of the organization

AMERICAN INSTITUTE OF PHYSICS, INC.

Employer identification number

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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104-3300KPMG LLP
1801 K STREET NW, SUITE 12000
WASHINGTON, DC 20036

AUDIT AND TAX

262,052.

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.

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

OMB No. 1545-0047

2014Open 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 ROAD, STE 300 MELVILLE, NY 11747 13-1667053	PUBLISHING	NY	54,489,000.	53,115,000.	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 ONE PHYSICS ELLIPSE 52-1712905 COLLEGE PARK, MD 20740	BUILDING	MD	501 (C) (3)	11B	NO	X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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 ROAD, SUITE	PUBLISHING	DE	N/A		0	9,220.		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. ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740	INTERNATIONAL	DE	AIP	C CORP	24,277.	60,988.	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.

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1a
b Gift, grant, or capital contribution to related organization(s)	1b	1b
c Gift, grant, or capital contribution from related organization(s)	1c	1c
d Loans or loan guarantees to or for related organization(s)	1d	1d
e Loans or loan guarantees by related organization(s)	1e	1e
f Dividends from related organization(s)	1f	1f
g Sale of assets to related organization(s)	1g	1g
h Purchase of assets from related organization(s)	1h	1h
i Exchange of assets with related organization(s)	1i	1i
j Lease of facilities, equipment, or other assets to related organization(s)	1j	1j
k Lease of facilities, equipment, or other assets from related organization(s)	1k	1k
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	1l
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1n
o Sharing of paid employees with related organization(s)	1o	1o
p Reimbursement paid to related organization(s) for expenses	1p	1p
q Reimbursement paid by related organization(s) for expenses	1q	1q
r Other transfer of cash or property to related organization(s)	1r	1r
s Other transfer of cash or property from related organization(s)	1s	1s

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 GLOBAL, INC.	P	165,459.	COST
(2)				
(3)				
(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)													
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(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2014

Page 5

Part VII Supplemental Information

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

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 2014, AIP PUBLISHING LLC, A DISREGARDED ENTITY WITH
RESPECT TO AIP, OWNED 100% OF AIP GLOBAL.