** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending

Open to Public

В	Check if applicable	C Name of organization		D Employer identifi	cation number
_	∏Addres	AMERICAN ASSOCIATION OF PHISICS			
F	change	TEACHERS		F2 0	740775
F	change Initial		,		749775
	return _Final	,	oom/suite	E Telephone numbe	r 209-3311
	/return termin	ONE PHYSICS ELLIPSE			8,811,698.
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code COLLEGE PARK, MD 20740-3845	-	G Gross receipts \$	
F	⊒return ∏Applic	•		H(a) Is this a group refor subordinates	
	⊥tiòn pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
_	Γαν.ρνα	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527		list. (see instructions)
		e: WWW.AAPT.ORG	027	H(c) Group exemptio	,
		organization: X Corporation Trust Association Other	L Year o		A State of legal domicile: NY
		Summary	1		··
ω	1	Briefly describe the organization's mission or most significant activities: SEE PA	ART I	II, LINE 1.	
Activities & Governance					
erns		Check this box 🕨 🔲 if the organization discontinued its operations or disposed			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			11
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b) $$			11
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			32
Ξį		Total number of volunteers (estimate if necessary)			31
Act		Total unrelated business revenue from Part VIII, column (C), line 12			70,904.
	b	Net unrelated business taxable income from Form 990-T, line 38	······		0.
	_	0		Prior Year 1,501,183.	Current Year 1,413,473.
Revenue		Contributions and grants (Part VIII, line 1h)		4,262,779.	4,335,423.
Ven		Program service revenue (Part VIII, line 2g)		440,635.	268,259.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,991.	4,391.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,230,588.	6,021,546.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		96,516.	112,835.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,721,735.	2,907,302.
JSe		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	6.		
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,054,763.	3,010,607.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,873,014.	6,030,744.
	19	Revenue less expenses. Subtract line 18 from line 12		357,574.	-9,198.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		10,588,263.	10,106,296.
t As	21	Total liabilities (Part X, line 26)		3,250,677.	3,167,426.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		7,337,586.	6,938,870.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules at			y knowledge and belief, it is
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ii preparei	lias arry knowledge.	
Sig	n	Signature of officer		I Date	
Hei		MICHAEL BROSNAN, CFO			
110	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature /	D	ate Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA Rectand J. Locas	tr.	11/08/19 if self-employ	P00288314
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. (3	
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		-	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF PHYSICS INSTRUCTION AND ENHANCE THE
	APPRECIATION OF PHYSICS IN OUR CULTURE, TO ENHANCE THE UNDERSTANDING
	AND APPRECIATION OF PHYSICS THROUGH TEACHING. AAPT IS A PROFESSIONAL
	MEMBERSHIP ASSOCIATION OF SCIENTISTS, DEDICATED TO ENHANCING THE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,596,045 • including grants of \$ 68,352 •) (Revenue \$
	THE ASSOCIATION RECEIVES FUNDING AND GRANTS AND COOPERATIVE AGREEMENTS
	FROM THE NATIONAL SCIENCE FOUNDATION AND OTHER GRANTORS. THESE
	PROGRAMS PROVIDE OPPORTUNITIES FOR PROFESSIONAL GROWTH OF TEACHERS,
	INCLUDING AN ONLINE COLLECTION OF RESOURCES TO SUPPORT THE PHYSICS AND
	ASTRONOMY COMMUNITY, NEW FACULTY DEVELOPMENT, AND THE ANALYSIS AND
	INVESTIGATION OF THE ROLE OF THE UNDERGRADUATE, TWO-YEAR COLLEGE AND
	K-12 PHYSICS EDUCATORS.
	(Code:) (Expenses \$ 1,153,635. including grants of \$ 1,092.) (Revenue \$ 1,080,760.)
4b	(Code:) (Expenses \$ 1,153,635. including grants of \$ 1,092.) (Revenue \$ 1,080,760.) MEETINGS & WORKSHOPS DESIGNED TO OFFER INSTRUCTIONAL AID FOR TEACHERS
	IN THE FIELD OF PHYSICS AND THE SELECTION AND DEVELOPMENT OF THE HIGH
	SCHOOL PHYSICS TEAM TO REPRESENT THE UNITED STATES IN THE PHYSICS
	OLYMPIAD.
4c	(Code:) (Expenses \$ 785,090 • including grants of \$ 43,391 •) (Revenue \$ 7833 •)
	PROGRAMS THAT SUPPORT THE FUNDING OF HIGH SCHOOL EDUCATION TRAINING
	THROUGH ON SITE PRESENTATIONS, BOOKS & TRAINING MATERIALS, DISCOUNTED
	EQUIPMENT SALES FOR HIGHER EDUCATION LABORATORIES. SUPPORT FOR LOCAL
	SECTIONS WITH REIMBURSEMENT OF LOCAL MEETING MATERIALS AND AREA SECTION
	KITS. PROGRAMS TO SUPPORT MINORITY, LOW-SOCIOECONOMIC STUDENTS WITH THE
	OPPORTUNITY TO ENGAGE IN HANDS-ON SCIENCE ACTIVITIES. DEVELOPMENT OF A
	ONLINE LIBRARY OF INFORMATION TO PROMOTE AND SUPPORT PHYSICS EDUCATORS.
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ 1,880,186 • including grants of \$) (Revenue \$ 3,233,999 •)
4e	Total program service expenses 5, 414, 956.
	Form 990 (2018)

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)?		х	
_	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I 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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		21
9	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	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	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	406		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		174		
-	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		Х
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		Х
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	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,,		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 42

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Form 990 (2018) TEACHERS

Part IV | Checklist of Required Schedules (continued)

. ,	The district of Heddings Contamacy		I.,	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
(d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	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? If "Yes," complete Schedule L, Part I	25a		X
١	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		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? If "Yes,"			37
	complete Schedule L, Part II	26		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			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2	36	1	 ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pá	art V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ō		
,	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u></u>		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A			
a	77 / 7	9a		
b 10	, , , , , , , , , , , , , , , , , , , ,	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		F	990	(0040

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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			
<u>Sec</u>	tion 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	11						
	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 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any otl	ner						
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supe	rvision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4									
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
6	Did the organization have members or stockholders?			6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?			7a	Х				
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								
а	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 re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	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 of	chapters, affilia	ates,						
	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 bo	dy 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	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done			12c	Х				
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 approv	al by indepen	dent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	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 arrange	ement 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	ate its particip	ation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MD , NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Sec	tion 501(c)(3)s	only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	n in Schedule	O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of intere	est policy, and	finan	cial				
	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 b	ooks and reco	rds 🕨						
	MICHAEL BROSNAN - 301-209-3301								
	ONE PHYSICS ELIPSE. COLLEGE PARK. MD 20740-3845								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	411120		C)	про	iioui	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	┢				17 11 00	100)	from the	from related organizations	other compensation
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	altrus	ınal tr		loyee	o mp				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CORPOVE MODY	line) 2 • 0 0	Ĕ	ü	₽	δ.	훈늄	요			
(1) GORDON RAMSEY PRESIDENT	2.00	x		х				0.	0.	0.
<u></u>	2.00			123				•	<u></u>	
(2) MEL SABELLA PRESIDENT-ELECT		х		х				0.	0.	0.
(3) GEORGE AMANN	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(4) CHANDRALEKHA SINGH	2.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) WOLFGANG CHRISTIAN	2.00			l					•	
SECRETARY	0.00	Х		Х				0.	0.	0.
(6) THOMAS O'KUMA	2.00									•
TREASURER	2 00	Х		Х				0.	0.	0.
(7) KAREN JO MATSLER	2.00	X						0.	0.	0
MEMBER AT LARGE (8) DYAN JONES	2.00	^						0.	0.	0.
(8) DYAN JONES CHAIR SECTION REP	2.00	X						0.	0.	0.
(9) DANIEL CROWE	2.00	Δ						0.	· ·	
HIGH SCHOOL REP	2.00	x						0.	0.	0.
(10) DAVID STURM	2.00								<u> </u>	
VICE CHAIR SECTION REP		x						0.	0.	0.
(11) ARLISA RICHARDSON	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) BETH CUNNINGHAM	40.00									
EXECUTIVE OFFICER				Х				221,937.	0.	46,088.
(13) MICHAEL BROSNAN	40.00									
CFO				Х				122,045.	0.	37,014.
(14) ROBERT HILBORN	40.00									
ASSOCIATE EXECUTIVE OFFICER						Х		131,418.	0.	30,156.
(15) ERWIN CAMPBELL	40.00								_	
IT DIRECTOR	4000					Х		118,780.	0.	20,044.
(16) TERRENCE HUNT	40.00					,		100 561		10 515
WEB DEVELOPER		_				Х	<u> </u>	108,561.	0.	10,717.
		1								
										- 000

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)			(0	•			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Es	stimate	èd
		hours per	box,	, unle	ss pe	rson i	is bot	h an	compensation	compensation		nount	of
		week (list any	\vdash	JCI all		1 0010)/ ii us		from	from related		other	
		hours for	lirecto						the organization	organizations (W-2/1099-MISC)		pensa om th	
		related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****130)		anizat	
		organizations	truste	al trus		yee	mper		(** 2/ *********************************		_	d relat	
		below	Individual trustee or director	Institutional trustee	La la	Key employee	est co loyee	ıer			orga	anizati	ons
		line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former					
1b	Sub-total								702,741.	0.	14	4,0	19
	Total from continuation sheets to Part VI								0.	0.			0
d	Total (add lines 1b and 1c)								702,741.	0.	14	4,0	19
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization												!
												Yes	No
3	Did the organization list any former officer,				-	-	-		-				
	line 1a? If "Yes," complete Schedule J for se										3		X
4	For any individual listed on line 1a, is the su	-		-						-		v	
_	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a												v
	rendered to the organization? If "Yes," com	piete Schedul	e J f	or sı	ıch ,	pers	son .				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)	· · · · · · · · · · · · · · · · · · ·	(C)
(A) Name and business address	(B) Description of services	Compensation
	Description of services	Compensation
AMER. INST. OF PHYSICS PUBLISHING, LLC		
1305 WALT WHITMAN ROAD, MELLVILLE, NY 11747	PUBLISHING SERVICES	378,302.
AMERICAN INSTITUTE OF PHYSICS	TECHNICAL AND OFFICE	
1 PHYSICS ELLIPSE, COLLEGE PARK, MD 20740	SERVICES	266,068.
RENAISSANCE WASHINGTON DC	MEETING SPACE	_
999 9TH STREET, NW, WASHINGTON, DC 20001	FACILITIES	230,588.
ALLEN PRESS, 1041 NEW HAMPSHIRE,	PUBLICATIONS	
LAWRENCE, KS 66044	SERVICES	149,348.
HOLIDAY INN COLLEGE PARK, 10000 BALTIMORE	MEETING SPACE	
AVENUE, COLLEGE PARK, MD 20740	FACILITIES	103,562.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 5		
	·	F 000 (22.42)

Form **990** (2018)

Form 990 (2018) TEACHERS
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a resp	onse o	r note to any lin	e in this Part VIII			
			<u>-</u> -		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1	a Federated campaigns	1:	<u>a</u>					012 011
uni		b Membership dues							
اع تي		c Fundraising events		-					
ifts									
nia Pia		d Related organizations			1 300 594				
Sir		Government grants (contribution	. –	e	1,309,584.				
iğ je		f All other contributions, gifts, grants		.	102 000				
ફ		similar amounts not included abov		T	103,889.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines				1 412 472			
9		h Total. Add lines 1a-1f				1,413,473.			
Δ.	_	a PUBLICATIONS		P	Susiness Code 900099	2,514,543.	2,453,216.	61,327.	
, ice		b MEETINGS		— H	900099	1,080,760.	1,080,760.	01,327.	
Ser		c MEMBERSHIP		— H	900099	730,543.			
m S		· 		— -	900099	9,577.	730,543.	9,577.	
Program Service Revenue		d CAREER CENTER		— -	900099	9,577.		9,311.	
Pro		e All ather are success and is a very		— H					
		f All other program service rever		_		4,335,423.			
-	3	g Total. Add lines 2a-2f				1,333,123.			
	3	other similar amounts)				138,330.			138,330.
	4	Income from investment of tax				130,330.			130,330.
	5		-	-	_	24,505.			24,505.
	3	Royalties	(i) Rea		(ii) Personal	24,303.			24,303.
	6	a Gross rents	(I) Nea	21	(II) Personal				
		b Less: rental expenses							
		c Rental income or (loss)							
		d Net rental income or (loss)							
	1	a Gross amount from sales of	(i) Securi		(ii) Other				
		assets other than inventory	2,847,	, 330.					
		b Less: cost or other basis	2 717	601					
			2,717, 129,	929					
		c Gain or (loss)				129,929.			129,929.
		d Net gain or (loss)				125,525.			125,525.
nιe	0	 a Gross income from fundraising including \$ 	of	101					
Ne.		contributions reported on line							
Other Reven		Part IV, line 18	,						
ige		b Less: direct expenses							
ō		c Net income or (loss) from fund							
		Gross income from gaming act							
	3	Part IV, line 19							
		b Less: direct expenses							
		c Net income or (loss) from gami			>				
		a Gross sales of inventory, less r	-	Г					
	10	and allowances		a	50,054.				
		b Less: cost of goods sold			72,551.				
		c Net income or (loss) from sales		_		-22,497.	-22,497.		
		Miscellaneous Revenue			Susiness Code				
	11	a MISCELLANEOUS	-	f	900099	2,383.			2,383.
		b		一		,			, ,
		c		一					
		d All other revenue		—					
		e Total. Add lines 11a-11d			•	2,383.			
	12	Total revenue. See instructions				6,021,546.	4,242,022.	70,904.	295,147.

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 respon	se or note to any line in			
	not include amounts reported on lines 6b, 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		1	3 '	,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	112,835.	112,835.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	407 004	272 222	40.000	
	trustees, and key employees	427,084.	379,022.	48,062.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 601 600	1 501 060	100 250	
7	Other salaries and wages	1,691,630.	1,501,260.	190,370.	
8	Pension plan accruals and contributions (include	150 363	135 045	10 146	
	section 401(k) and 403(b) employer contributions)	152,363.	135,217.	17,146.	
9	Other employee benefits	469,376.	416,554.	52,822.	
10	Payroll taxes	166,849.	148,072.	18,777.	
11	Fees for services (non-employees):				
а	Management	20 747	20 747		
b	Legal	20,747.	20,747.	40.064	
С	Accounting	64,502.	15,638.	48,864.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	25 627		25 627	
f	Investment management fees	35,627.		35,627.	
g	Other. (If line 11g amount exceeds 10% of line 25,	127 221	127 221		
	column (A) amount, list line 11g expenses on Sch O.)	437,224.	437,224.	1,124.	
12	Advertising and promotion	351,489.	295,417.	55,780.	292
13	Office expenses	331,409.	233,417.	33,700.	494
14	Information technology				
15	Royalties	229,853.	171,092.	58,711.	50
16	Occupancy	273,624.	249,852.	23,743.	29
17	Travel	2/3,024.	249,032.	23,743.	49
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	304,639.	298,146.	5,557.	936
19	Conferences, conventions, and meetings	304,039•	270,140.	3,331.	9.50
20	Interest Payments to affiliates				
21	Payments to affiliates	41,170.	30,645.	10,516.	9
22	Depreciation, depletion, and amortization	17,909.	13,810.	4,099.	<u> </u>
23	Other expenses. Itemize expenses not covered	17,505.	13,010.	4,000.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PARTICIPANT SUPPORT	382,055.	377,295.	4,760.	
a b	PUBLICATIONS	185,078.	185,078.	-,,,,,,	
C	EDITORIAL OFFICE	183,386.	183,386.		
d	AUDIO VISUAL	144,602.	142,130.	2,472.	
-	All other expenses	310,584.	274,542.	36,042.	
25	Total functional expenses. Add lines 1 through 24e	6,030,744.	5,414,956.	614,472.	1,316
26	Joint costs. Complete this line only if the organization	.,,.	-, -,	,	_,-,-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-31-18				Form 990 (2018

Form **990** (2018)

Form 990 (2018)
Part X Balance Sheet

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
1	Cash - non-interest-bearing	1,694,145.	1	1,264,465
2	Savings and temporary cash investments	491,462.	2	411,533
3	Pledges and grants receivable, net	1,004,201.	3	1,176,351
4	Accounts receivable, net	90,443.	4	100,315
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
<u>ب</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
⋖ 8	Inventories for sale or use	76,462.	8	5,569
9	Prepaid expenses and deferred charges	113,409.	9	63,314
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 314,762.			
	Less: accumulated depreciation 10b 234,674.	74,852.	10c	80,088
11	Investments - publicly traded securities	6,066,551.	11	5,744,803
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	976,738.	13	1,244,025
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	15,833
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,588,263.	16	10,106,296
17	Accounts payable and accrued expenses	417,743.	17	472,678
18	Grants payable		18	
19	Deferred revenue	2,356,054.	19	2,326,064
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္မွ 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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	476 000		260 604
	Schedule D	476,880.	25	368,684
26	Total liabilities. Add lines 17 through 25	3,250,677.	26	3,167,426
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	6 114 501		5,831,874
27	Unrestricted net assets	6,114,501.	27	618,761
E 28	Temporarily restricted net assets	488,235.	28	488,235
g 29	Permanently restricted net assets	400,233.	29	400,233
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
8 00	and complete lines 30 through 34.		00	
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	7,337,586.	32	6,938,870
_ 33	Total net assets or fund balances	10,588,263.	33	
34	Total liabilities and net assets/fund balances	10,300,403.	34	10,106,296

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,03	0,7	44.
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,33	7,5	86.
5	Net unrealized gains (losses) on investments	5	-36	7,0	<u>23.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	2,4	95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,93	8,8	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	
			Form	990 ((2018)

832012 12-31-18

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.

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

OMB No. 1545-0047

Open to Public Inspection

AMERICAN ASSOCIATION OF PHYSICS **Employer identification number** Name of the organization TEACHERS 52-0749775 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
J	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,						
	l (f)						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support	() 00//	# \ 00.4=	() 00/0	4 0 0047		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. 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						
17a	7a 10% -facts-and-circumstances test - 2018. 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						
b	b 10% -facts-and-circumstances test - 2017. 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						
18	Private foundation. If the organization						
		ala not oncon a	~ C. C. C. III IO 10, 10	a, 100, 114, 01 111	-, 5,100,11110 00/16		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,672,167.	1,791,373.	1,685,393.	1,501,183.	1,413,473.	8,063,589.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,650,949.	3,792,844.	3,731,924.	4,225,789.	4,314,573.	19,716,079.
2	Gross receipts from activities that	3,030,313.	3,752,011.	3,731,311.	1,223,703.	1,311,373.	13,710,073.
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5,323,116.	5,584,217.	5,417,317.	5,726,972.	5,728,046.	27,779,668.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	20,000.	20,000.	11,495.	10,000.	13,700.	75,195.
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.
_	Add lines 7a and 7b	20,000.	20,000.	11,495.	10,000.	13,700.	75,195.
		20,000	20,000.	11,400	10,000.	13,700.	27,704,473.
800	Public support. (Subtract line 7c from line 6.)						27,704,475.
		(=) 0014	(h) 0015	(a) 0010	(4) 0017	(=) 0010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014 5,323,116.	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	5,323,110.	5,584,217.	5,417,317.	5,726,972.	5,728,046.	27,779,668.
IUa	dividends, payments received on securities loans, rents, royalties, and income from similar sources	95,333.	206,246.	113 058.	127,963.	162,835.	705,435.
b	Unrelated business taxable income (less section 511 taxes) from businesses	30,7000	20072100	223,0301		102,000	, , , , , , , , , , , , , , , , , , , ,
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	95,333.	206,246.	113,058.	127,963.	162,835.	705,435.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		13,141.		4,793.	2,383.	20,317.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,418,449.	5,803,604.	5,530,375.	5,859,728.	5,893,264.	28,505,420.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (I			column (f))		15	97.19 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	97.44 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.47 %
18	2.24						
19a	19a 33 1/3% support tests - 2018. 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 a	-					▶ ▼
b	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20			-	· ·		-	
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
41		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

	rt IV Supporting Organizations (continued)	1 4 2 7 7	<u> </u>	ige 3
	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations	1110		
	tion of Type I capper ting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
	alon or type in cupper and one		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	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).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1.0
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3		
Sec	tion 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 yeatsee instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	За		
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.	3b		

832025 10-11-18

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting or	ranization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 TEACHERS

Par	^{-t} V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		(==:::::==-)	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets	5		
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	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	<u> </u>	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

AMERICAN ASSOCIATION OF PHYSICS

Schedule A	(Form 990 or 990-EZ) 2018 TEACHERS	52-0749775	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Past IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	ı C.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2018

Name of the organization

AMERICAN ASSOCIATION OF PHYSICS TEACHERS

Employer identification number

52-0749775

Organization type (check one):					
Filers of	f:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General					
X					
Special	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\pi}{2} \]				
but it m	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

AMERICAN ASSOCIATION OF PHYSICS

TEACHERS

Employer identification number

52-0749775

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) (d) Total contributions Type of contribution			
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number AMERICAN ASSOCIATION OF PHYSICS **TEACHERS**

52-0749775

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			
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** AMERICAN ASSOCIATION OF PHYSICS 52-0749775 TEACHERS 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 info. once.) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

823454 11-08-18

(a) No. from

Part I

(d) Description of how gift is held

Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF PHYSICS TEACHERS

Employer identification number 52-0749775

Schedule D (Form 990) 2018

Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised funds	(b) Fur	nds 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	ing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's exc	-		Yes No
6	Did the organization inform all grantees, donors, and donor advise			
	for charitable purposes and not for the benefit of the donor or do		-	
		······································	-	Yes No
Pa	t II Conservation Easements. Complete if the organi			,
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	ified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic structu	ure included in (a)	2c	
d	Number of conservation easements included in (c) acquired afte	r 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			n during the tax
	year ▶			
4	Number of states where property subject to conservation easem	nent is located >		
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it ho	ılds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing con	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	tion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above s	atisfy 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 e	easements in its revenue and expense	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of A	-	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC 9			
	historical treasures, or other similar assets held for public exhibit	•	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes			
b	If the organization elected, as permitted under SFAS 116 (ASC 9			
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of pu	blic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				\$
2	If the organization received or held works of art, historical treasu		ıı gaın, provid	ie
	the following amounts required to be reported under SFAS 116 (-	_	Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			Φ

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

Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	her Sim	ilar Asse	ts (contini	ued)			
3	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):										
а	a Public exhibition d Loan or exchange programs										
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
D-	to be sold to raise funds rather than to be ma						Yes	No_			
Pa	reported an amount on Form 990, Par	•	te if the organizatio	n answered "Yes" (on Form 9	90, Part IV,	line 9, or				
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets n	ot include	ed	_				
	on Form 990, Part X?						Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
							Amount				
С	Beginning balance				1c						
d	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f		_				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account lia	bility?	L	Yes	L No			
<u>b</u>	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete in	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.						
		(a) Current year	(b) Prior year	(c) Two years back	+ ' '	e years back	(e) Four	years back			
	Beginning of year balance	2,559,350.	2,284,235.	2,168,574		,145,801.	2,	101,057.			
b	Contributions	7,340.	9,261.	22,675	+	81,098.		681. 71,002.			
	Net investment earnings, gains, and losses										
d	Grants or scholarships	33,452.	25,669.								
е	Other expenditures for facilities										
	and programs	195,971.	166,756.	264,895	·	275,920.		26,939.			
f	Administrative expenses	22,468.	18,364.								
g	End of year balance	2,299,674.	2,559,350.		. 2	,168,574.	2,	145,801.			
2	Provide the estimated percentage of the curr		e (line 1g, column (a	ı)) held as:							
	Board designated or quasi-endowment	51.86	_%								
	Permanent endowment ► 21.23	<u>%</u>									
С		6.91 %									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	r the orga	nization	_				
	by:							Yes No			
	(i) unrelated organizations							X			
	(ii) related organizations							X			
b	If "Yes" on line 3a(ii), are the related organiza						3b				
4	Describe in Part XIII the intended uses of the		wment funds.								
Pa	t VI Land, Buildings, and Equipm		Deat IV Bee 44 - 0	F 000 Dt	V 15 40						
	Complete if the organization answered						(N D)				
	Description of property	(a) Cost or ot basis (investm	' '		Accumula lepreciation	I	(d) Book	value			
1a	Land										
	Buildings										
С	Leasehold improvements				44-						
d	d Equipment 140,148. 119,573. 20,57										
	Other			4,614.	115,	101.		,513.			
<u>Tota</u>	Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										

Schedule D (Form 990) 2018

Scriedule D	101111990) 2010 1 1110111110			0,10,10	Г
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descript	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market v	/alu
4) Figure 1	Lalanh rath ra				

(a) bescription of security of category (including name of security)	(b) book value	(c) Welfied of Valuation. Gost of end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN ACP	1,244,025.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,244,025.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED POSTRETIREMENT BENEFIT	368,684.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	368,684.

^{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 X

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 TEACHERS			<u>52-</u>	0749775 Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts Wit	n Revenue per P	eturr	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				F 601 11F	
1	Total revenue, gains, and other support per audited financial statements			1	5,691,447.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	267 022			
	Net unrealized gains (losses) on investments	2a	-367,023.	-		
b	Donated services and use of facilities	2b		-		
	Recoveries of prior year grants Other (Describe in Part VIII.)	2c 2d	72,551.	-		
	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	-294,472.	
3	Subtract line 2e from line 1			3	5,985,919.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				. , , , , , , , , , , , , , , , , , , ,	
	, , , , , , , , , , , , , , , , , , ,	4a	35,627.			
	Other (Describe in Part XIII.)	4b	·			
	Add lines 4a and 4b			4c	35,627.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,021,546.	
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	6,067,668.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
	Other losses	2c	FO FF1	-		
	, , , , , , , , , , , , , , , , , , , ,		72,551.	-	70 551	
_	Add lines 2a through 2d			2e	72,551.	
3	Subtract line 2e from line 1			3	5,995,117.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		35 627			
	•		35,627.	-		
	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		1	35,627.	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			4c	6,030,744.	
	t XIII Supplemental Information.				0,000,1220	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/. lines 1	b and 2b: Part V. line	4: Part	X. line 2: Part XI.	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			.,	, ····, · -···-,	
PAF	RT V, LINE 4:					
TO	FUND AWARDS, TRAVEL GRANTS, SECTION GRANTS	, AN	D MEMBERSHI	PS.		
D 7 T	m v i ini o.					
PAI	T X, LINE 2:					
FΛI	THE YEAR ENDED DECEMBER 31, 2018, THE ASS	OCTA	ח פגע אחדיי	CITM	באייבים דיים	
1.01	THE TEAR ENDED DECEMBER 31, 2010, THE ASS	OCIA	IION HAS DO	COM	ENIED IIS	
CON	SIDERATION OF FASB ASC 740-10, INCOME TAXE	с т	HAT PROVIDE	יב כי	IITDANCE FOR	
	DIDDIMITION OF THOSE ASC 140 TO, INCOME TAME	D, 1.	IMI INOVIDE	D 0	OIDMICE TON	
REI	ORTING UNCERTAINTY IN INCOME TAXES AND HAS	DET.	ERMINED THA	т м	O MATERTAL	
	CHILITO CHOLINIII III IIICOILL IIIILD IIID IIID				0 1111111111111111111111111111111111111	
UNC	ERTAIN TAX POSITIONS QUALIFY FOR EITHER RE	COGN	ITION OR DI	SCL	OSURE IN	
THE	FINANCIAL STATEMENTS.					
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:					
COS	OST OF GOODS SOLD REPORTED AS EXPENSE ON THE FINANCIAL 72,551					

Part XIII Supplemental Information (continued)	Tuge 0
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE	10B.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED AS EXPENSE ON THE FINANCIAL	72,551.
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE	10B.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

AMERICAN ASSOCIATION OF PHYSICS

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

TEACHERS						52-0749775
Part I General Information on Grants and Assistan	ce				_	
Does the organization maintain records to substantia	te the amount of the grant	ts or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selection	on
criteria used to award the grants or assistance?						X Yes No
2 Describe in Part IV the organization's procedures for	monitoring the use of gran	nt funds in the Unite	ed States.			
Part II Grants and Other Assistance to Domestic O	rganizations and Domest	tic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Part	II can be duplicated if add	itional space is nee	ded.			
1 (a) Name and address of organization or government (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and governments		the line 1 table				

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OTZE SCHOLARSHIP FUND	6	12,000.	0.		
AAPT ALPHA AWARD EXPERIMENT	1	4,000.	0.		
CLOPSTEG AWARD	1	3,000.	0.		
DERSTED AWARD	1	3,000.	0.		
DODGE FUND	1	5,000.	0.		

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

PART I, LINE 2:

Schedule I (Form 990) (2018)

IT IS THE GOAL OF THE AAPT TO ENCOURAGE HIGH SCHOOL TEACHERS TO EXPERIMENT

AND IMPROVE ON THEIR TEACHING PRACTICES. IT IS OUR BELIEF THAT AS TEACHING

PRACTICE IMPROVES, THEN PHYSICS ENROLLMENT AND EXCITEMENT AMONG STUDENTS

INCREASE. AS A RESULT, WE OFFER THE HIGH SCHOOL PHYSIC TEACHER GRANT. WE

HOPE THAT THIS GRANT CAN PROVIDE THE FUNDS TO KICK START THE IMPLEMENTATION

OF THESE PRACTICES. THE GRANT(S) ARE GIVEN EACH YEAR TO THE TEACHERS WHOSE

PROPOSAL MEETS THE GOAL OF THE GRANT. THAT IS, THE PROCEDURE SHOULD RESULT

IN BETTER TEACHING PRACTICE, STUDENT UNDERSTANDING AND INTEREST, AND/OR

Part III Continuation of Grants and Other Assistance to Indivi	duals in the Unit	ed States (Schedule	e I (Form 990), Part II	II.)	1 ago z
(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
MILLIKAN AWAR	1.	3,000.	0.		
RICHTMYER MEMORIAL AWARD	1	2 000	0.		
RICHIMIER MEMORIAL AWARD	1.	3,000.	0.		
EXCELLENCE IN PRECOLLEGE PHYSICS TEACHING AWARD	1.	3,000.	0.		
EXCELLENCE IN UNDERGRADUATE PHYSICS EDUCATION AWARD	1.	3,000.	0.		
2018 WINTER MEETING CHILD CARE GRANT	4.	1,800.	0.		
2018 SUMMER MEETING CHILD CARE GRANT	5.	2,000.	0.		
BROWN UNIVERSITY SUB-RECIPIENT	1.	68,352.	0.		
20 300					
STUDENT FUND MEMBERSHIPS	20.	1,000.	0.		
NEW TEACHER FUND MEMBERSHIPS	6.	683.	0.		

Tartiv Supplemental morniadon
INCREASED ENROLLMENT. ALSO, THE PROPOSAL SHOULD CONTAIN SOME INNOVATIVE
IDEAS. FOR EXAMPLE, THE PROPOSAL MAY USE A NEW TEACHING METHOD OR AN
ADAPTATION OF AN EXISTING IDEA.
THE AAPT BOARD OF DIRECTORS OFFERS SCHOLARSHIPS FOR FUTURE HIGH SCHOOL
PHYSICS TEACHERS. THESE SCHOLARSHIPS, SUPPORTED BY AN ENDOWMENT FUNDED BY
BARBARA LOTZE, ARE AVAILABLE ONLY TO US CITIZENS ATTENDING US SCHOOLS,
UNDERGRADUATE STUDENTS ENROLLED, OR PLANNING TO ENROLL, IN PHYSICS TEACHER
PREPARATION CURRICULA. AND HIGH SCHOOL SENIORS ENTERING SUCH PROGRAMS ARE
ELIGIBLE. SUCCESSFUL APPLICANTS RECEIVE A STIPEND OF UP TO \$2,000. THE
SCHOLARSHIP MAY BE GRANTED TO AN INDIVIDUAL FOR EACH OF FOUR YEARS.
APPLICATIONS WILL BE ACCEPTED AT ANY TIME AND WILL BE CONSIDERED FOR
RECOMMENDATION TO THE BOARD OF DIRECTORS AT EACH AAPT WINTER MEETING. ALL
APPLICATIONS IN WHICH ALL MATERIALS, INCLUDING LETTERS OF RECOMMENDATION,
ARE RECEIVED BY DECEMBER 1 WILL BE CONSIDERED FOR RECOMMENDATION AT THE
WINTER MEETING OF THE AAPT BOARD OF DIRECTORS.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

AMERICAN ASSOCIATION OF PHYSICS **TEACHERS**

Employer identification number 52-0749775

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990
(1) BETH CUNNINGHAM	(i)	221,937.	0.	0.	20,462.	25,626.	268,025.	0.
EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL BROSNAN	(i)	122,045.	0.	0.	11,709.	25,305.	159,059.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HILBORN	(i)	131,418.	0.	0.	12,214.	17,942.	161,574.	0.
ASSOCIATE EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN ASSOCIATION OF PHYSICS TEACHERS

Employer identification number 52-0749775

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERSTANDING AND APPRECIATION OF PHYSICS THROUGH TEACHING. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROGRAMS THAT PROVIDE OPPORTUNITIES FOR PROFESSIONAL GROWTH OF TEACHERS, INCLUDING ONLINE COLLECTION OF RESOURCES TO SUPPORT THE PHYSICS AND ASTRONOMY COMMUNITY, NEW FACULTY DEVELOPMENT, AND THE ANALYSIS AND INVESTIGATION OF THE ROLE OF UNDERGRADUATE PHYSICS INSTRUCTION AT TWO-YEAR COLLEGES. EXPENSES \$ 712,237. INCLUDING GRANTS OF \$ 0. REVENUE \$ 951,464. MEMBERSHIP REVENUE \$ 740,120. EXPENSES \$ 628,112. INCLUDING GRANTS OF \$ 0. AMERICAN JOURNAL OF PHYSICS EXPENSES \$ 539,837. REVENUE \$ 1,542,415. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THE ASSOCIATION IS MADE UP OF FOUR YEAR UNIVERSITY/COLLEGE AND TWO YEAR COLLEGE PROFESSORS AND EDUCATORS OF THE PHYSICS SCIENCES, IN THE UNITED STATES AND INTERNATIONALLY. THE MEMBERSHIP ALSO INCLUDES HIGH SCHOOL EDUCATORS, STUDENTS OF PHYSICS/SCIENCES AND RETIRED MEMBERS IN THE UNITED STATES AND INTERNATIONALLY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NOMINATION COMMITTEE WILL NOMINATE MEMBERS OF THE GOVERNING BODY WHO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) Name of the organization AMERICAN ASSOCIATION OF PHYSICS TEACHERS

Employer identification number 52-0749775

THEN ARE ELECTED BY THE GENERAL MEMBERSHIP BY BALLOT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE POSTED ON THE BOARD WEBSITE AND MEMBERS ARE INFORMED BY EMAIL. THE BOARD MEMBER IS ASKED TO INQUIRE, REVIEW AND ASK QUESTIONS RELATED TO THE TAX RETURN. AFTER ALL BOARD ISSUES HAVE BEEN RESPONDED TO, THE FORM 990 WILL BE FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNING BODY IS REQUIRED TO RESPOND ELECTRONICALLY TO THE CONFLICT OF

INTEREST QUESTIONAIRE ON A YEARLY BASIS. ALL NEW BOARD MEMBERS SUBMIT A

CONFLICT OF INTEREST STATEMENT, PRIOR TO THE MEMBER START DATE.

PERSON MAKES A PRESENTATION AT THE BOARD OF DIRECTORS MEETING OR AUTHORIZED COMMITTEE MEETING. AFTER THE PRESENTATION, HE/SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST. THE BOARD OF DIRECTORS, OR AN AUTHORIZED COMMITTEE, DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED AND INDEPENDENT DIRECTORS PRESENT AT THE MEETING (IF A QUORUM IS PRESENT AT THE TIME OF THE VOTE) WHETHER TO APPROVE THE TRANSACTION.

IF THE BOARD OF DIRECTORS OR AUTHORIZED COMMITTEE HAS REASONABLE CAUSE TO
BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST
OR POTENTIAL CONFLICT OF INTEREST, IT INFORMS THE PERSON OF THE BASIS FOR
SUCH BELIEF AND AFFORDS THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE
ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE COVERED PERSON'S
RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE
CIRCUMSTANCES, THE BOARD OF DIRECTORS OR AUTHORIZED COMMITTEE DETERMINES

THE COVERED PERSON HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST OR

Name of the organization AMERICAN ASSOCIATION OF PHYSICS TEACHERS	Employer identification number 52-0749775
POTENTIAL CONFLICT OF INTEREST, IT TAKES APPROPRIATE CORR	ECTIVE ACTION.
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE REVIEWS COMPENSATION OF THE EX	ECUTIVE OFFICER
AND KEY EMPLOYEES USING COMPARABILITY DATA OF SIMILAR SIZ	E NONPROFIT
ORGANIZATIONS, USING PUBLISHED SALARY GUIDES. THE COMPENS	ATION DISCUSSIONS
ARE ALSO HELD BY THE ENTIRE BOARD. THEY ARE RECORDED IN E	XECUTIVE SESSION.
THE LAST COMPENSATION REVIEW TOOK PLACE IN JANUARY 2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE AN	D COPIES PROVIDED
ON REQUEST. INSPECTIONS ARE AVAILABLE AT THE ASSOCIATION'	S NATIONAL OFFICE,
BY APPOINTMENT. THE DOCUMENTS ARE AVAILABLE FOR THE SAME	PERIOD OF
DISCLOSURE, AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN POST-RETIREMENT PLAN OBLIGATION	-22,495.
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN ASSOCIATION OF PHYSICS TEACHERS

Employer identification number 52-0749775

(a)	(b)	(c) (c)		(c) (d)		(e)		(f)					
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)			assets	Direct controlling entity							
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	L because it had one	or more	related tax-ex	empt						
(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	Direc	(f) et controlling entity		g) 512(b)(13) rolled :ity?					
		,,		501(c)(3))			Yes	No					
AMERICAN CENTER FOR PHYSICS - 52-0172905	OPERATION OF BUILDING												
1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	AMERICAN CENTER FOR PHYSICS	MARYLAND	501(C)(3)	LINE 12B, II				x					

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Page 2

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.

organisations troubed to a partition in practical year.															
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal domicile	Legal domicile	Legal domicile	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportiona		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partne	ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
									<u> </u>						

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	(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	512(t contr ent	tion (b)(13) rolled tity?
		country)		3. 1. 2.2.,				Yes	No
									
							1		
									↓
		/1							<u></u>

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

Yes No

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

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?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		$\frac{x}{x}$			
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
	Loans or loan guarantees by related organization(s)				1e		X			
	•									
f	Dividends from related organization(s)				1f		Х			
	g Sale of assets to related organization(s)				1g		X			
h	n Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X				
	Performance of services or membership or fundraising solicitations for related organization(s				11		X			
	n Performance of services or membership or fundraising solicitations by related organization(s				1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X			
	Sharing of paid employees with related organization(s)				10		X			
р	Reimbursement paid to related organization(s) for expenses				1p		X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
•										
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s	Х				
	If the answer to any of the above is "Yes," see the instructions for information on who must									
_										
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
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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 al partners 501(c)(orgs.	sec. (3)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	Gener mana partr Yes	ral or aging ner?	(k) Percentage ownership

AMERICAN ASSOCIATION OF PHYSICS

Schedule R	(Form 990) 2018	TEACHERS	52-0749775 Page 5
Part VII	(Form 990) 2018 Supplemental Inform	rmation.	- Lage C
	Provide additional inform	nation for responses to questions on Schedule R. See instructions.	
	1 TOVIGO GGGILIONGI IIII OITI	action to respond to questions on conteads in each action.	