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Form	J	J	U

(Rev. January 2020)

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

AF	For th	e 2019) calendar year, or tax year beginning $03/20$, 2019, and endi	ng		12/31	, 20 19	
в.			C Name of organization		D Employer iden	ntification n	umber	
<u>р</u> (_	applicable:	AIP FOUNDATION		83-4485	5064		
	Addr chan		Doing business as					
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	e	E Telephone nur	nber		
Х	Initia	ıl return	1 PHYSICS ELLIPSE		(301) 209	9-3100		
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code					
	Amei retur		COLLEGE PARK, MD 20740		G Gross receipts	\$	230	,368.
	Appli pend	ication ling	F Name and address of principal officer: TANYA EASTON		H(a) Is this a grou subordinates?		Yes	XNO
			1 PHYSICS ELLIPSE, COLLEGE PARK, MD 20740		H(b) Are all subordi		Yes	No
<u> </u>	Tax-e>	kempt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No," atta	ach a list. (see	instructions)	
J	Webs	ite: 🕨	N/A		H(c) Group exemp	tion number	•	
к	Form	of orga	nization: X Corporation Trust Association Other L Yea	r of format	tion: 2019 M s	State of lega	I domicile:	DE
P	art I		ımmary					
	1	Briefl	y describe the organization's mission or most significant activities: $_ ext{THE} ext{ AIP FOUN}$	JDATIO	N IS ORGAN	NIZED A	AND	
e		OPE	RATES EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EI	JUCATI	ONAL			
nan		PUR	POSES WITHIN THE MEANING OF SECTION 501C(3) OF THE 1	IRS CO	DE 1986.			
Governance	2	Chec	k this box \blacktriangleright if the organization discontinued its operations or disposed of more	than 25%	of its net assets	s. ,		
õ	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3		4.
Activities &	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)			4		4.
itie	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			5		0.
cti	6		number of volunteers (estimate if necessary)			6		0.
٩			unrelated business revenue from Part VIII, column (C), line 12		<u></u>	7a		0.
	b	Net u	nrelated business taxable income from Form 990-T, line 39	<u></u>		7b		
					Prior Year		Current Ye	
e	8	Contr	ibutions and grants (Part VIII, line 1h)	ı		0.	230	,368.
ent	9	Progr	am service revenue (Part VIII, line 2g)	•		0.		0.
Revenue	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)	-		0.		0.
-	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		0.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-		0.	230	,368.
	13		is and similar amounts paid (Part IX, column (A), lines 1-3)	_		0.		0.
	14	Benet	fits paid to or for members (Part IX, column (A), line 4)	•		0.		0.
es	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0.		0.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)	•		0.	27 ,	,627.
- X	b		fundraising expenses (Part IX, column (D), line 25) ► 27,627.	_		-		
-	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.		,741.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.		,368.
- 0	19	Reve	nue less expenses. Subtract line 18 from line 12			0.		,000.
Net Assets or Fund Balances				Begin	ning of Current Y		End of Yea	
sse 3ala	20		assets (Part X, line 16)	•		0.		,000.
nd E	21		liabilities (Part X, line 26)	•		0.	1.0	0.
			ssets or fund balances. Subtract line 21 from line 20	-		0.	10,	,000.
	art II		gnature Block					
true	aer pe e, corre	ect, and	of perjury, I declare that I have examined this return, including accompanying schedules and sta complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any kr	nowledge.	my knowle	age and be	mer, it is
Sig	ın		Signature of officer		Date			
He		[']	CATHERINE G. SWARTZ CFO		Duto			
		- 🛋	Type or print name and title					
		Ļ	/Type preparer's name Date Date			if PTIN		
Paio	b	MAR			Check self-employe	"	187156	3
Pre	parer			1	Firm's EIN ▶1			5
Use	e Only		s name ►BDO USA, LLP s address ►8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102			03-893		
Ma	v tha		s address ▶6401 GREENSBORD DRIVE, #600 MCLEAN, VA 22102					
_	-		Reduction Act Notice, see the separate instructions.		<u></u>		Yes 5 Form 990	No
FOL	гаре	NINGER	Neuron Act Notice, see the separate instructions.				FOIL 330	, (ZU19)

	AIP FOU	NDATION	83-4	485064
Fori	m 990 (2019)			Page 2
Pa	art III Statement of Program Service A			
	Check if Schedule O contains a re	esponse or note to any line in this Pa	rt III	X
1	Briefly describe the organization's mission:			
	ATTACHMENT 1			
2	Did the organization undertake any signific	cant program services during the y	ear which were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sc	hedule 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 Schedu			
4	Describe the organization's program serv	vice accomplishments for each of	its three largest program servic	es, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to re	port the amount of grants and a	allocations to others,
	the total expenses, and revenue, if any, for	each program service reported.		
4a	(Code:) (Expenses \$	o. including grants of \$) (Revenue \$	o.)
	AIP FOUNDATION SOLICITS DONAT			/
	INSTITUTE OF PHYSICS PROGRAM			
	LIBRARY AND ARCHIVES, THE CEN			
	SOCIETY OF PHYSICS STUDENTS,			
4	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schee	dule O.)		
	(Expenses \$ including gran	nts of \$) (Reven	ue \$)	
	Total program service expenses 🕨	0.		
JSA 9E1	020 2.000			Form 990 (2019)

-	990 (2019)		F	Page
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
2 3	Did the organization required to complete Schedule B, Schedule B Contributors (see instructions)?	2	A	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			37
	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			x
-1	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		x
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00	If "Yes," complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	Did the organization report more than \$5,000 or grants of other assistance to any domestic organization of	1		i i

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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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 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
b	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		
	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
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		Х
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		Х
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		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019)

Par	t 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. $2a$			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	55		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	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).	50		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6.		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	A L		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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?	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	III		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2019) AIP FOUNDATION 83-448	5064	F	->age 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 4	-		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
2	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any signmeant enanges to its governing declinents since the proof form soo was meet to the Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 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 by the following:		v	
а	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.) .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		x
	describe in Schedule O how this was done	12c 13		X
13	Did the organization have a written whistleblower policy?	14		X
14 15	Did the organization have a written document retention and destruction policy?	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cast	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright DE, MD,		41 a	044
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	001(C)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inte	rest r	oolicv
	and financial statements available to the public during the tax year.			y ,
~~	State the name address and telephone number of the person who persons the event in the barbar address.			

20	State the name,						organization's boo	ks and records
	CATHERINE G SWA	RTZ 1 PHÝSICS	FLLTPSE COLLEGE	PARK. MD	20740	301-2	09-3100	

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any	box, office	unles r and	s pe I a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) MICHAEL MOLONEY	4.00									
INTERIM CHAIR, CEO AIP	40.00	x		Х				0.	511,123.	46,191.
(2) CATHERINE SCHWARTZ	4.00								,	
CFO, AIP	36.00			х				0.	311,004.	45,756.
(3) PHILLIP HAMMER	32.00									
INTERIM EXECUTIVE DIRECTOR	8.00			Х				0.	174,704.	34,883.
(4) MELISSA PERRY	4.00									
SECRETARY	36.00			Х				0.	112,962.	31,268.
(5) TANYA EASTON	32.00									
EXECUTIVE DIRECTOR	8.00			Х				0.	42,192.	10,605.
(6) JOHN KENT	8.00									
TREASURER	8.00	Х		Х				0.	0.	0.
(7) SANDEEP GIRI	4.00									
TRUSTEEE	0.	Х						0.	0.	0.
(8) NANCY GREENSPAN	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(9) RAY JOHNSON	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) RUEL MERCURE	4.00									
TRUSTEE	0.	Х						0.	0.	0.
<u>(11)</u>										
(12)										
(13)										
(14)										

Form 990 (2019)													Page 8
Part VII Section A. Officers, Directors, Tr		ey En	nplo			and F	lig			rees (co	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos neck is pe	erson	e than o is both or/truste	an	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from d	am	(F) timated tount o other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fro orga ano	om the anizatic d relate anizatio	e on ed
		-											
		_											
		-											
	+												
							Γ						
	+												
1b Sub-total								0.	1,151,	,985.	1	.68,	703
c Total from continuation sheets to Part VII, S		• • •	•••		•••	•••	•	0.		0.			0
d Total (add lines 1b and 1c)								0.	1,151,	,985.	1	68,	703
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 0		d al	bove	e) who	o re	eceived more than	\$100,000 c	of			
		0	•									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	oortab \$15	ole c 50.00	om 00?	pen 9 <i>If</i>	satior <i>"Ye</i> s	۱a "	nd other compen complete Schedu	sation from	the such			
individual				• •	• •						4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors											-		
 Complete this table for your five highest con compensation from the organization. Report of year. 													
(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) ompens	ation	
2 Total number of independent contractors (i	ncludina bi	ut no	t lim	iter	d to	thos		isted above) who	received				
	noiuuniy bi	ut 110	. IIII	me	ιu	, 1105	с I	isted above) WIIO	received				

Pa	rt VIII	Statement of Revenue				
		Check if Schedule O contains a response or note				<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants illar Amounts	1a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d 220, Government grants (contributions) 1e	368.			
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f 10, Noncash contributions included in lines 1a-1f	000.			
0.0	h	Total. Add lines 1a-1f				
Program Service Revenue	2a b c d					
rog	е					
ш.	f g	All other program service revenue	0.			
	3	Investment income (including dividends, interest, a other similar amounts)	nd • 0.			
	4 5	Income from investment of tax-exempt bond proceeds .				
	6a b c	Gross rents		-Т		
	d	Net rental income or (loss)	. ► 0.			
evenue	7a b c	Gross amount from sales of assets other than inventory 7a Less: cost or other basis and sales expenses 7b Gain or (loss) 7c				
er R	d	Net gain or (loss)	0.			
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.			
	b c	Less: direct expenses				
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.			
	1	Less: direct expenses	0.			
	10a	Gross sales of inventory, less 10a	0.			
	b c	Less: cost of goods sold	0.			
s		Business C				
Miscellaneous Revenue	11a					
enu	b					
Scel	с					
Mis		All other revenue	0.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions				

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0. 10 11 Fees for services (nonemployees): 0 a Management 74,374. 74,374 b Legal 0 c Accounting 0 d Lobbying 27,627. 27,627. e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 27,000 27,000 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 0 1,235. 1,235. 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 9,265. 9,265 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 0 5,000. 5,000. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a RECRUITMENT 75,867. 75,867. b С d e All other expenses 27,627. 220,368 192,741 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

.ISA

following SOP 98-2 (ASC 958-720)

0

Form 990 (2019)

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		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	0
2	Savings and temporary cash investments.	0.	2	0
3	Pledges and grants receivable, net	0.	3	С
4	Accounts receivable, net.	0.	4	10,000
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	(
7	Notes and loans receivable, net	0.	7	(
8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	0.	9	(
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation	0.	10c	(
11	Investments - publicly traded securities.	0.	11	(
12	Investments - other securities. See Part IV, line 11	0.	12	(
13	Investments - program-related. See Part IV, line 11	0.	13	(
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	10,00
17	Accounts payable and accrued expenses	0.	17	
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	0.	26	
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	0.	27	
28	Net assets with donor restrictions.	0.	28	10,000
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	0.	32	10,00
33	Total liabilities and net assets/fund balances	0.	33	10,00

Form 99	0 (2019)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	20,3	368.
3	Revenue less expenses. Subtract line 2 from line 1	3		10,0	000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		10,0	000.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," ex	plain in			
	Schedule O.				
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 com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	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 ove	•			
	the audit, review, or compilation of its financial statements and selection of an independent accountar		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			v
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits	3b	000	
			Form	330	(2019)

SCHE	ÐU	LE	Α
(Form	990	or	990-EZ)

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.

OMB No. 1545-0047 19 20

	rtment of the Treasury al Revenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Open to Public Inspection
Name	of the organization						Employer identif	fication number
AIF	FOUNDATION						83-44850	64
Par	t Reason for	r Public Cha	arity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	S.
The	organization is not	a private fou	indation because it	t is: (For lines 1 throu	gh 12, ch	neck only	one box.)	
1	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school desc	ribed in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A medical res	earch organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)(iii). Enter the
	hospital's nam	-						
5		-	for the benefit of Complete Part II.)	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
6	A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	📃 An organizatio	on that norm	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
	described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8	A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	Part II.)			
9	📃 An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	a land-grant college
	or university o	r a non-land-	grant college of a	griculture (see instruct	ions). Ei	nter the	name, city, and state c	of the college or
	university:							
10	receipts from support from acquired by th	activities rela gross investn ne organizatio	nted to its exempt f ment income and u on after June 30, 1	ore than 331/3 % of its functions - subject to o nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (lese Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	an 331/3% of its
11		•	•	usively to test for publi				
12		-		-	-			carry out the purposes
								See section 509(a)(3).
			-					ines 12e, 12f, and 12g.
а	•••			, supervised, or contr	-		• • • • •	
		-		regularly appoint or e		ajority of	the directors or truste	ees of the
		-		te Part IV, Sections A				
b				ed or controlled in co				
				organization vested in	the sam	e persor	is that control or mai	hage the supported
			-	, Sections A and C.	4 I			It is the tax and the standard
С		-		ng organization opera				illy integrated with,
لہ		-		ns). You must comple				rtad arganization(a)
d		-		porting organization on nization generally mustic	-			
		•	• •	• •	•		•	u an allentiveness
е		-		omplete Part IV, Sect a written determinatio				
e		-		ionally integrated sup			••• ••	п, туре п
f	•	•	• •			•	.011.	1
g			-	orted organization(s).				
	(i) Name of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()	5		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
А	TTACHMENT 1			above (see instructions))	Yes	ment? No	instructions)	instructions)
					103			
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1	1		1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. 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		$P \Delta$				
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. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2019 (li					14	%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org	-					
	box and stop here. The organization q						
b	33 1/3% support test - 2018. If the org						
170	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets t					-	
	organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati	on meets the "	'facts-and-circur	nstances" test.	The organization	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization						
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 $\ .$						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beg <mark>inn</mark> ing in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						<u></u> ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8		-			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check th		-				
b	331/3% support tests - 2018. If the organization						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions

83-4485064

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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 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.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b 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

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
	A family member of a person described in (a) above?	11b		Х
	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		Х
ecti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	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		Х
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations		N	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NC
•	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?	4		
~		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? <i>If "No," explain in Part VI how</i>			
	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	-		
3	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		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
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			
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			
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,			
а	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			
а	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,	2a		
a	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. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>2a</u>		
	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. 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	<u>2a</u>		
	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. 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			
b	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. 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.	2a 2b		
b 3	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. 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. Parent of Supported Organizations. Answer (a) and (b) below.			
b	 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. 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. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2b		
b 3 a	 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. 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. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 			
b 3	 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. 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. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2b		

83-4485064

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Page **6**

Schedule A (Form 990 or 990-EZ) 2019			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

JSA 9E1231 1.000

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 201
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

		ATTACHMENT 1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED ORGANIZATION	NS
	(III) TYPE OF	(IV) (V) AMOUNT OF (VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN ORGANIZATION	YES NO SUPPORT SUPPORT AMOUNT
AMERICAN INSTITUTE OF PHYSICS	13-1667053 4	x 0. 0.
TOTAL AMOUNT OF SUPPORT		<u> 0.</u> <u> 0.</u>

DRAFT

Schedule B (Form 990, 990-EZ.

or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

83-4485064

AIP FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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

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).

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	RUEL MERCURE 350 17TH STREET	\$10,000.	Person X Payroll Noncash (Complete Part II for		
(a) No.	BOULDER, CO 80302 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution		
	AMERICAN INSTITUTE OF PHYSICS 1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	\$220,368.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	DRA	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **3** Employer identification number 83-4485064

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				
	= DRA	\$					
(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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4
Name of organization AIP FOUNDATION	Employer identification number
	83-4485064
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. Comp	lete columns (a) through (e) and
the following line entry. For organizations completing Part III enter the total of ex	clusively religious charitable etc

No. om ırt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	/	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE G		Information Re			-	-	OMB No. 1545-0047
(Form 990 or 990-EZ)		organization entered n	nore than \$1	5,000 on Fo	rm 990-EZ, line 6a.	-,	2019
Department of the Treasury		► Attach o to www.irs.gov/Form		or Form 99			Open to Public
Internal Revenue Service Name of the organization	ÞG	o to www.irs.gov/Forms	990 IOI IIISU		the fatest mormation.	Employer identification	Inspection
AIP FOUNDATION						83-4485064	on number
	g Activities. Comp	lete if the organi	zation ar	swered "	Yes" on Form 99		7.
	EZ filers are not re					,	
	the organization rais				activities. Check a	all that apply.	
a 📃 Mail solicita	tions	е	Solic	itation of	non-government g	Irants	
b X Internet and	email solicitations	f	Solic	itation of	government grant	S	
c Phone solic	itations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	olicitations						
2a Did the organiza							V
	es listed in Form 990						X Yes No
	10 highest paid individent least \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
compensated at		organization.					
(i) Name and addi or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT 1							
2							
3			_	_			
4							
4							
5							
6							
7							
8							
9							
U U							
10							
				►		27,627	
	which the organiza	tion is registered o	r licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or lic	censing.						

ine	18	or

83-4485064

	edule G (Form 990 or 990-EZ) 2019				Page 2
Pa	rt II Fundraising Events. Complete more than \$15,000 of fundrais events with gross receipts great	sing event contributi			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ð		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
Re					
	2 Less: Contributions 3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
ses					
bens					
Direct Expenses	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 11 Net income summary. Subtract line	4 through 9 in colu	mn (d)		
Do	11 Net income summary. Subtract line rt III Gaming. Complete if the organ	10 from line 3, colu	mn (d)	Dant IV Line 40 an	venerated we are then
Гa	rt III Gaming. Complete if the orgar \$15,000 on Form 990-EZ, line	6a.	res on Form 990, i	Part IV, line 19, or	
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
enses	2 Cash prizes				
0	3 Noncash prizes				
Direct Ex	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes%	Yes%	
	7 Direct expense summary. Add lines	2 through 5 in colu	mn (d)	►	
		-			
	8 Net gaming income summary. Sub	tract line / from line	1, column (a)	· · · · · · · · · · · · · · · · · · ·	
9	Enter the state(s) in which the organ Is the organization licensed to condu	ization conducts gai	ming activities:	222	Yes No
a k					YesNo
10a	, , , , ,				Yes No
k	b If "Yes," explain:				

Sched	ule G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
-	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes 🔄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dom	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

83-4485064

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
CAMPBELL AND COMPANY ONE EAST WACKER DRIVE CHICAGO IL 60601	CONSULTING	Х		27,627.	-27,627.

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SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service		For certain Officers, Dire Con ► Complete if the organizatio ►	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	^{13.}	^{MB No.} 20 pen te	19	olic
Name	of the organization			Employer identification	n numbe	r	
AIP	FOUNDATIO	N		83-4485064			
Part	Question	s Regarding Compensation					
						Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th	ovided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, chain ne organization follow a written policy restricted	these items. personal use nal residence on fees auffeur, chef) egarding payment			
	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to			
•	explain	nization require substantiation refer	to reimbursing or allowing expenses	incurred by -	1b		
2	-		D/Executive Director, regarding the items	-			
				Checked on line	2		
3			on used to establish the compensation of t	••••	-		
5	organization's related organ Comper Indepen	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study Approval by the board or compensa	ds used by a art III.			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			ayment?		4a		Х
b			ental nonqualified retirement plan?		4b		X
С			ased compensation arrangement?		4c		X
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rovide the applicable amounts for each it rganizations must complete lines 5-9.				
5			ion A, line 1a, did the organization pa	y or accrue any			
-		n contingent on the revenues of:			5-		х
					5a 5b		X
U	-	e 5a or 5b, describe in Part III.			30		
6	For persons		ion A, line 1a, did the organization pa	y or accrue any			
а					6a		Х
					6b		X
~	-	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov	ide any nonfixed			
•			escribe in Part III.		7		Х
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	at was subject			
		•			8		Х
9	If "Yes" on I	ine 8, did the organization also fol	low the rebuttable presumption proced	ure described in	9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990) 2019

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL MOLONEY	(i)	0.	0.	0.	0.	0.	0.	0
1 INTERIM CHAIR, CEO AIP	(ii)	417,123.	75,000.	19,000.	28,000.	18,191.	557,314.	0.
CATHERINE SCHWARTZ	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{CFO, AIP}	(ii)	303,389.	4,203.	3,412.	28,000.	17,756.	356,760.	0.
PHILLIP HAMMER	(i)	0.	0.	0.	0.	0.	0.	0.
3 ^{INTERIM EXECUTIVE DIRECTOR}	(ii)	172,184.	2,520.	0.	17,721.	17,162.	209,587.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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.

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization AIP FOUNDATION

FORM 990, PART VI, LINE 6

EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS:

AIP FOUNDATION IS A NON-PROFIT NON-STOCK CORPORATION.

FORM 990, PART VI, LINE 7A

HOW MEMBERS OF SHAREHOLDERS ELECT GOVERNING BOARD:

EXCEPT FOR THE INITIAL BOARD OF TRUSTEES, THE NUMBER OF TRUSTEES CONSTITUTING THE ENTIRE BOARD OF TRUSTEES SHALL BE FIXED BY ACTION OF AIP, AS MEMBER, PROVIDED THAT THE NUMBER OF TRUSTEES SHALL NOT BE LESS THAN 3 NOR MORE THAN 17, INCLUDING TWO EX-OFFICIO TRUSTEES. THE NUMBER OF TRUSTEES MAY BE INCREASED OR DECREASED BY AMENDMENT OF THE BYLAWS OR BY ACTION OF AIP, AS MEMBER.

FORM 990, PART VI, LINE 7B

AIP, AS MEMBER, SHALL ANNUALLY ELECT TRUSTEES TO FILL THE SEATS OF TRUSTEES WHOSE TERMS ARE EXPIRING, AND EACH TRUSTEE SHALL HOLD OFFICE FOR HIS OR HER TERM AND UNTIL A SUCCESSOR HAS BEEN ELECTED AND QUALIFIED OR UNTIL AN EARLIER RESIGNATION OR REMOVAL.

THE CORPORATION MAY BE DISSOLVED, AND ITS ASSETS DISTRIBUTED AS PROVIDED IN THE CERTIFICATE OF INCORPORATION, ONLY BY ACTION OF AIP, AS MEMBER OF THE CORPORATION.

FORM 990, PART VI, LINE 11B FORM 990 REVIEW PROCESS:

Employer identification number 83-4485064

THE FORM 990 IS REVIEWED BY THE CFO AND THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES. ALL TRUSTEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND TO NOTIFY THE BOARD OF ANY CONFLICTS THAT MAY ARISE THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15B AIP FOUNDATION PAYS NO COMPENSATION AND THEREFORE HAS NO COMPENSATION POLICY. THE RELATED ORGANIZATION, THE AMERICAN INSTITUTE OF PHYSICS, DETAILS THEIR COMPENSATION POLICIES ON SCHEDULE J AND SCHEDULE O OF THEIR FORM 990.

FORM 990, PART VI, LINE 19 OTHER ORGANIZATION DOCUMENTS MADE AVAILABLE TO THE PUBLIC: FINANCIAL INFORMATION AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AIP FOUNDATION'S MISSION IS TO CREATE A CULTURE OF PHILANTHROPY AND GENERATE SUPPORT THAT WILL ADVANCE AIP'S ROLE AS A WORLD-CLASS CENTER OF EXCELLENCE IN RESEARCH ON THE HERITAGE AND HISTORY OF THE PHYSICAL SCIENCES, AS WELL AS ENRICH THE EXPERIENCE OF AND PROPEL THE CAREERS OF A NEW GENERATION OF SCIENTISTS.

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

83-4485064

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.

Internal Revenue Service				
Name of the organization				

Number and organization

Department of the Treasury

AIP FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) AMERICAN INSTITUTE OF PHYSICS 13-1667053							
1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740	PHYSICAL SCI.	MD	501(C)(3)	10	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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.

	indic related org				C lan yoar.	1		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
							Yes No		Yes	No	
(1)											
(2)											
(3)	_										
(4)											
(5)											
				_							
(6)											
(7)	_										
						1		1	1	I	

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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
							Yes No
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Page **3**

Part	V Transactions With Related Organizations. Complete if the organization answered "	'Yes" on Form 990, Pai	t IV, line 34, 35b, or 36.				
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s).				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	•••••			1j		X
					1k		Х
	Lease of facilities, equipment, or other assets from related organization(s)				1K 1I		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	••••••••••	•••••		1m	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1n		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10	Х	
0	Sharing of paid employees with related organization(s)	••••••	• • • • • • • • • • • • • • • • • • • •		10		
n	Reimbursement paid to related organization(s) for expenses.				1p		х
	Reimbursement paid by related organization(s) for expenses				1g		X
ч					.4		
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s).				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including cove	red relationships and transa	action thre	_	s.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method amo	of dete unt invo		ıg
		, jp c (a c)		unio		Jirou	
(1)							
(2)							
(0)							
(3)							
(1)							
(4)							
(5)							
(9)							
(6)							
		1	Sch	edule R (Form	990)	2019
JSA 9E1309	1,000			·		•	

Schedule R (Form 990) 2019

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) (c) Primary activity Legal domicile (state or foreign country)		from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	(**********	Yes	No	L
(1)													
(2)													
(3)	_												
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													+
16)													+

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Schedule R (Form 990) 2019

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

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