Form	9	9	0
Departm	nent o	f the	Treasury

# **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. ~~~

000 and the Instance from ..... ---- Open to Public

G

OMB No. 1545-0047

nspection
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		ne 2020 calendar year, or tax year beginning ,	2020, and endi	÷	, 20
	0	C Name of organization	2020, and chai	<u> </u>	entification number
<b>B</b> c	neck if ap	pplicable: AIP FOUNDATION			
	Addre	ess Doing Business An		83-4485	5064
	chang Name	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	
	+	I PHYSICS ELLIPSE		(301) 20	9-3100
	+	City or town, state or province, country, and ZIP or foreign postal code			
	Amen			G Gross receip	ots \$ 241,200
		F Name and address of principal officer: TANYA EASTON		H(a) Is this a gro	
	_ pond	SAME AS "C" ABOVE		subordinates <b>H(b)</b> Are all subord	
I	Tax-ex	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947	(a)(1) or 52	7 If "No," attac	ch a list. (see instructions)
J	Websi	ite: ▶ N/A		H(c) Group exem	ption number
κ	Form o	of organization: X Corporation Trust Association Other ►	L Year o	f formation: 2019 M	State of legal domicile: DE
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			NIZED AND
ce		OPERATES EXCLUSIVELY FOR CHARITABLE, SCIENTIF			
nan		PURPOSES WITHIN THE MEANING OF SECTION 501C(3	) OF THE IF	LS CODE 1986.	
Governance		Check this box <ul> <li>if the organization discontinued its operations or d</li> </ul>	•		1 1
		Number of voting members of the governing body (Part VI, line 1a)			3 12
es é		Number of independent voting members of the governing body (Part VI, line			4 11
viti		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5 0.
Activities &		Total number of volunteers (estimate if necessary)			6 12. 7a
1		Total unrelated business revenue from Part VIII, column (C), line 12			, u
	a	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	7b Current Year
	•			230,36	
ne	8 9	Contributions and grants (Part VIII, line 1h)	COPY FOR	230,30	0. (
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	LIC INSPECTION		0. 212
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			58. 241,200
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0. (
		Benefits paid to or for members (Part IX, column (A), line 4)			0. (
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5			0. (
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			27. 30,459
kpei	b	Total fundraising expenses (Part IX, column (D), line 25) ▶711,	375.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,74	41. 815,810
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		220,36	58. 846,269
	19	Revenue less expenses. Subtract line 18 from line 12		10,00	00605,069
Net Assets or Fund Balances				Beginning of Current	
set	20	Total assets (Part X, line 16)		10,00	
at As	21	Total liabilities (Part X, line 26)			0. 63,839
х'n	22	Net assets or fund balances. Subtract line 21 from line 20		10,00	00. 102,779
	rt II	Signature Block			
Unc	der per e, corre	nalties of perjury, I declare that I have examined this return, including accompanying ect, and complete. Declaration of preparer (other than officer) is based on all information	schedules and state of which preparer ha	ments, and to the best o as any knowledge.	f my knowledge and belief, it i
				0.0 / 1	0/2021
Sig	n	Signature of officer		Date	8/2021
Hei		CATHERINE SWARTZ CF	0	Duto	
		Type or print name and title	0		
		Print/Type preparer's name Preparer's signature	Date	Charle	if PTIN
Paid	I	MARC BERGER	9/29/20	021 Check Check	] "
-	oarer	Eirm's name BDO USA, LLP			13-5381590
Use	Only	Firm's address > 8401 GREENSBORO DRIVE, #800 MCLEAN	, VA 22102	Phone no.	703-893-0600
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1 11010 110.	X Yes No

Part III       Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III       X         1       Briefly describe the organization's mission: ATTACHMENT 1       X         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?       Yes X         If "Yes," describe these new services on Schedule O.       3         3       Did the organization cease conducting, or make significant changes in how it conducts, any program		AIP FOUNDATION	83-4485064
Check If Schedule O contains a response or note to any line in this Part III			Page 2
Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-er309-er27	Part		
ATTACHMENT 1         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 980-879.       □ Ves X NC         3       Did the organization case conducting, or make significant changes in how it conducts, any program [] Ves X NC       NC         4       Wres, 'describe these on Schedule 0.       10 wes (X NC         5       Did the organization coase conducting, or make significant changes in how it conducts, any program [] Ves [X NC         8       Wres, 'describe these on Schedule 0.       10 wes [] Wes [] X NC         9       Describe the organizations program services accomplishments for each of its three largest program services, as measured to expenses. Section 601(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses. Section 501(c)(3) and 501(c)(4) organizations program services propted.         40       Code:			X
prior Form 590 or 990-E27			
services?	pı If	ior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O.	Yes 🛛 No
ALP FOUNDATION SOLICITS DONATIONS TO SUPPORT THE AMERICAN INSTITUTE OF PHYSICS PROGRAM AREAS RELATED TO THE NIELS BORE LIBRARY AND ARCHIVES, THE CENTER FOR THE HISTORY OF PHYSICS, SOCIETY OF PHYSICS STUDENTS, SIGMA PI SIGMA AND DIVERSITY, EQUITY AND INCLUSION INITIATIVES.  40 (Code:)(Expenses \$including grants of \$) (Revenue \$) ATTACHMENT 2  44 (Code:)(Expenses \$including grants of \$)(Revenue \$) ATTACHMENT 3  45 (Code:)(Expenses \$including grants of \$)(Revenue \$) ATTACHMENT 3  46 (Code:)(Expenses \$including grants of \$)(Revenue \$) ATTACHMENT 3  46 (Code:)(Expenses \$including grants of \$)(Revenue \$) ATTACHMENT 3  46 (Code:)(Expenses \$including grants of \$)(Revenue \$) 47 Total program services (Describe on Schedule O.) (Expenses \$including or \$)(Revenue \$) 46 Total program services (Describe on Schedule O.) (Expenses \$)(Revenue \$) 47 Total program services (Describe on Schedule O.) (Expenses \$)(Revenue \$)(Revenue \$) 47 Total program services (Describe on Schedule O.)	lf 4 D ex	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest pro openses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g	ogram services, as measured by
4b (Code:) (Expenses \$including grants of \$) (Revenue \$)         ATTACHMENT 2	A II L S	IP FOUNDATION SOLICITS DONATIONS TO SUPPORT THE AMERICAN ISTITUTE OF PHYSICS PROGRAM AREAS RELATED TO THE NIELS BOHR IBRARY AND ARCHIVES, THE CENTER FOR THE HISTORY OF PHYSICS, OCIETY OF PHYSICS STUDENTS, SIGMA PI SIGMA AND DIVERSITY, EQUITY	e\$)
ATTACHMENT 3 ATTACHMENT 3 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) 4e Total program service expenses ▶ 43,079. SA			e \$)
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 43,079.         JSA			e \$)
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 43,079.         JSA	-		
JSA Eor 990 (202	(E	xpenses \$ including grants of \$ ) (Revenue \$	)
	JSA		

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
~		5		- 25
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			37
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			<u> </u>
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			<u> </u>
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
120				
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.	12a	Х	
h		12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If		Х	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
. –	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
	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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

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

21

Х

Form 9	90 (2020)		F	Page <b>4</b>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):			
9	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		
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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			
10.4	reportable gaming (gambling) winnings to prize winners?	1c		

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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	-g	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	120		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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			
-	excess parachute payment(s) during the year?	15		Х
	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 **990** (2020)

Form 9	90 (2020) AIP FOUNDATION 83-448	5064	F	Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on 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 12	2		
	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 1b 1	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
6	Did the organization have members or stockholders?	0	21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	x	
h	one or more members of the governing body?	10		
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			
U	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	r í	1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicte?	12b	x	
~	rise to conflicts?			
U	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Sect	organization's exempt status with respect to such analgements?	16b	I	<u> </u>
17 19	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{DE, MD}{D}$ . Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T /9^-	tion F	(01/a)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (360	1011 0	01(0)
	X     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	of inte	rest r	olicy
	and financial statements available to the public during the tax year.			y ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds 🕨		

				possesses the organization's	books and records
CATHERINE G. SWÁ	RTZ 1 PHÝSICS	ELLIPSE COLLEGE PA	ARK, MD 20740	301-209-3100	

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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 hours for related organizations below	box, office or direct	unles r and Institutional	Pos heck ss pe	erson	e than c is both cor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
	dotted line)	stee	trustee			ensated				
(1) MICHAEL MOLONEY	4.00									
AIP CEO AND EX-OFFICIO	36.00	X		х				0.	578,308.	47,141.
(2) CATHERINE SWARTZ	4.00									
CFO, AIP	36.00	1		Х				0.	351,550.	49,740.
(3) TANYA EASTON	32.00									
EXECUTIVE DIRECTOR	8.00	1		Х				0.	182,359.	34,690.
(4)MELISSA PERRY	4.00									
SECRETARY	36.00	1		Х				0.	138,808.	35,994.
(5) FRANCE CORDOVA	8.00									
CHAIR	0.	X		Х				0.	0.	0.
(6) JOHN KENT	8.00									
TREASURER	8.00	X		Х				0.	0.	0.
(7) CHARLES BOLDEN, JR	4.00									
DIRECTOR	0.	X						0.	0.	0.
(8) MARK CARDILLO	4.00									
DIRECTOR	0.	X						0.	0.	0.
(9) VINTON CERF	4.00									
DIRECTOR	0.	X						0.	0.	0.
(10) SANDEEP GIRI	4.00									
DIRECTOR	0.	X						0.	0.	0.
(11) NANCY GREENSPAN	4.00									
DIRECTOR	0.	X						0.	0.	0.
(12) RAY JOHNSON	4.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) JOHN MATHER	4.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) REUL MECURE	8.00									
INTERIM CHAIR, DIRECTOR	0.	Х		Х				0.	0.	0.

Page 8

5) JULIA DIRECT	(A) Name and title PHILLIPS OR	(B) Average hours per week (list any hours for related organizations below dotted line) 4 . 00 0 .	box,	not ch unless er and	s pers a dir		h an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		organizations below dotted line) 4.00		Institutional trustee	Officer	Hignest compensated employee Key employee	Former	organization		organization and related
			x							
	UK							0		
								0	0.	
			-							
			-							
			-							
			-							
			-							
			-							
			-							
1b Sub-total								0.	1,251,025.	167,56
c Total from	n continuation sheets to Par	t VII, Section A						0.	0.	167 56
2 Total num	d lines 1b and 1c) ber of individuals (including b e compensation from the orga	out not limited to t	hose	listec					1,251,025. \$100,000 of	167,56
				-						Yes N
	organization list any <b>forme</b> on line 1a? <i>If "Yes," complete</i>									3
organizati	ndividual listed on line 1a, i ion and related organizatic	ons greater than	\$15	50,00	)0?	lf "Ye	es,"	complete Schedu	le J for such	4 X
5 Did any p	person listed on line 1a rece as rendered to the organization	eive or accrue co	mpen	satio	on fr	om an	y un	related organization	on or individual	5
Section B. In	dependent Contractors this table for your five highe									

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Total number of independent contractors (including but not limited to the more than \$100,000 in compensation from the organization ► 0.	se listed above) who received	

Pa	rt VII	Statement of Revenue Check if Schedule O contains a response or note to an	v line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
٦ کورن	c	Fundraising events 1c				
ar /	d	Related organizations 1d 90,000.				
s, G	е	Government grants (contributions) 1e				
Sig	f	All other contributions, gifts, grants,				
ber		and similar amounts not included above . 1f 150,988.				
ĞË	g	Noncash contributions included in				
non D		lines 1a-1f				
0.0	h	Total. Add lines 1a-1f	240,988.			
đ		Business Code				
Program Service Revenue	2a					
Ser	b					
E P	c					
gra Re	d					
2 C	e					
_	f g	All other program service revenue	0.			
	3	Investment income (including dividends, interest, and				
	3	other similar amounts).	212.			212
	4	Income from investment of tax-exempt bond proceeds	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	ь	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ue	b	Less: cost or other basis				
evenue		and sales expenses 7b				
	с	Gain or (loss) 7c				
er	d	Net gain or (loss)	0.			
Other R	8a	Gross income from fundraising				
Ŭ		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18         8a         0.           Loop: direct expenses         8b         0.				
	b	Less: direct expenses	0.			
	C		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a 0.				
	h	Less: direct expenses				
	b c	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
		returns and allowances <b>10a</b> 0.				
	b	Less: cost of goods sold				
	C	Net income or (loss) from sales of inventory	0.			
S		Business Code				
eou Ie	11a					
enu	b					
Miscellaneous Revenue	c					
Nis	d	All other revenue				
	е	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	241,200.			212

Form 990 (2020)

83-4485064

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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. expenses general 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 0 foreign 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 disgualified 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 0. 10 11 Fees for services (nonemployees): 0 a Management 884. 884 **b** Legal 3,686 3,686. c Accounting 0 d Lobbying 30,459. 30,459. e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 24,147. 10,817 13,330. (A) amount, list line 11g expenses on Schedule O.) 12,372 1,650 10,722. Advertising and promotion 12 15,200. 11,155. 4,045. 13 Office expenses 46,407. 46,407. 14 Information technology 0 15 Royalties 20,000. 20,000. Occupancy 16 2,007. 2,007. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 25,196. 733 24,463. 19 Conferences, conventions, and meetings 0 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 5,000. 5,000. Insurance 23 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.) aSHARED SERVICES 617,832. 65,000. 552,832. **b**AIP PROGRAM SUPPORT 43,079. 43,079. С d e All other expenses 846,269 43,079 91,815 711,375. 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

0

following SOP 98-2 (ASC 958-720)

rm 990 (	2020)			4485064 Page <b>11</b>
Part X				
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	0.	1	110,603
2	Savings and temporary cash investments.	0.	2	0
3	Pledges and grants receivable, net	0.	3	45,988
4	Accounts receivable, net	10,000.	4	0
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	0
6	Loans and other receivables from other disqualified persons (as defined			
ľ	under section $4958(f)(1)$ , and persons described in section $4958(c)(3)(B)$ .	0.	6	0
3 7	Notes and loans receivable, net	0.	7	0
	Inventories for sale or use	0.	8	0
ξ g	Prepaid expenses and deferred charges	0.	9	10,027
-	Land, buildings, and equipment: cost or other		3	
loa	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation	0.	10c	0
11	Investments - publicly traded securities.	0.	11	0
12	Investments - other securities. See Part IV, line 11.	0.	12	0
13	Investments - program-related. See Part IV, line 11.	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	10,000.	16	166,618
17	Accounts payable and accrued expenses	0.	17	63,839
18	Grants payable	0.	18	0
19	Deferred revenue.	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
20	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0
	Loans and other payables to any current or former officer, director,		21	-
	trustee, key employee, creator or founder, substantial contributor, or 35%			
5	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third		24	-
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25.	0.	26	63,839
-	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		20	,
27	Net assets without donor restrictions	0.	27	-15,130
28 <sup>2</sup>	Net assets with donor restrictions.	10,000.	27	117,909
	Organizations that do not follow FASB ASC 958, check here ►	10,000.	20	
27 28 29 30 31 32 29	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.		30	
5 32	Total net assets or fund balances	10,000.	32	102,779
2102	Total liabilities and net assets/fund balances	10,000.	33	166,618

Form 9	90 (2020)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1				41,2	200.
2		2	8	46,2	269.
3		3	-6	05,0	)69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	L		10,0	
5		5			0.
6	Donated services and use of facilities	6	6	97,8	348.
7	Investment expenses	,			0.
8	Prior period adjustments	3			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	0	1	02,	779.
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," expl	ain 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 compi	ed 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	•		37	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, expl	ain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			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 undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audi	S	3b -	000	
			⊦orm	330	(2020)

SCHE	DU	LE	A
(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 G

		nt of the Treasury evenue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Name	of t	he organization						Employer identifi	cation number
AII	• F(	OUNDATION						83-44850	
Pa	't I	Reason for	r Public Cha	rity Status. (All of	organizations must	complet	te this pa	art.) See instructions	3.
The	orga		•		is: (For lines 1 throug			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-			rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam	-						
5		-	-	complete Part II.)	a college or universit	y owned	a or ope	rated by a governme	ntal unit described in
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
				(1)(A)(vi). (Compl					
8					b)(1)(A)(vi). (Complete	-			
9		-		-			-	I in conjunction with a	
		-	r a non-land-	grant college of ag	priculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:					,	<u>, , , , , , , , , , , , , , , , , , , </u>	
10		An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)							
11		-	-		usively to test for publi	-			
12	Х	-	-		-	-			carry out the purposes
									ee section 509(a)(3).
	<b>—</b>			-				-	nes 12e, 12f, and 12g.
а	Ŀ		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							es of the
L	supporting organization. You must complete Part IV, Sections A and B.								an(a) by baying
b	<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported								
			-		, Sections A and C.	the sam	e persor		age the supported
с		_ ~	( )	•	•	ted in c	onnectio	n with, and functional	lly integrated with
U					is). You must comple				ny mogratoù with,
d			•		· ·			ection with its suppor	ted organization(s)
	_		-			-		oution requirement and	
	_	requirement	(see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		X Check this b	oox if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
					ionally integrated sup		organizat	ion.	
f				•					1
g			-		orted organization(s).	( )			
	(I) IN	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
Д	ጥጥ2	ACHMENT 1			above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	I							43,079.	

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Sec	tion B. Total Support		1	1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2020 (li	ne 6, column (f	f), divided by lin	e 11, column (f)	)	14	%
15	Public support percentage from 2019	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2020. If the org	ganization did r	not check the b	ox on line 13, a	and line 14 is 33	1/3 % or more, o	heck this
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	-		-			
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization Part VI how the organization meets organization	n meets the fa the facts-and-o	cts-and-circums	stances test, ch est. The organi	eck this box an ization qualifies	nd <b>stop here. I</b> as a publicly s	Explain in supported
b	<b>10%-facts-and-circumstances test</b> - 2 15 is 10% or more, and if the organiz in Part VI how the organization meets organization	<b>2019.</b> If the or zation meets th s the facts-and	ganization did n ne facts-and-ciro I-circumstances	not check a box cumstances tes test. The orgar	x on line 13, 16 t, check this bo nization qualifies	a, 16b, or 17a x and <b>stop her</b> e s as a publicly s	, and line e. Explain supported
18	Private foundation. If the organization instructions	on did not chee	ck a box on lin	e 13, 16a, 16t	o, 17a, or 17b,	check this box	and see

Schedule A (Form 990 or 990-EZ) 2020

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.) Part III

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> 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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	-						
<i>i</i> a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
h	Amounts included on lines 2 and 3						
5	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
<u>،</u>	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	First 5 years. If the Form 990 is for			d thind forwards			<b>501</b> (-)(0)
14	•	0	,		,		
<u> </u>	organization, check this box and stop here.						••••
	tion C. Computation of Public Sup	•	0	(f)		45	0/
15	Public support percentage for 2020 (line 8,	.,	•			15	<u>%</u>
$\frac{16}{800}$	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investmen			40 1 (0)			0/
17	Investment income percentage for 2020 (lin	,	· •			17	<u>%</u>
18	Investment income percentage from 2019						<u>%</u>
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	-	-			•••••	
b	331/3% support tests - 2019. If the orga						
	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,			
JSA 0E122	1 1.000				:	Schedule A (Form 9	90 or 990-EZ) 2020

Yes No

Х

Х

Х

Х

Х

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Х

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Х

Х

Х

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Part	<b>V</b> 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		Х

#### Section B. Type I Supporting Organizations

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

#### Section 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

### Section D. All Type III Supporting Organizations

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

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

struction	s).
Yes	No
15	nstruction Yes

_			
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? If "Yes" or "No," provide details in Part VI.	3a	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
D	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h	

83-4485064

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	Fage
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	g trust on	Nov. 20, 1970 (expla	
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>b</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):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
			· · ·

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form	990 or 990-EZ) 2020	
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	Ile A (Form 990 or 990-EZ) 2020	Supporting Organi	ione (continued)		Page
Part		Supporting Organizat	tions (continuea)		Ourseast Maar
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years			-	
b	Applied to 2020 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.				
с 5					
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
6	greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Page 8

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 (	DRGANIZATIO	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	Х	43,079.	0.
TOTAL AMOUNT OF SUPPORT				43,079.	0.

#### 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 <b>not</b> 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	N/A	\$10,000.	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				
2	N/A	\$ 9,000.	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				
3	N/A	\$6,797.	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				
4	N/A	\$5,000.	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				
5	N/A	\$5,000.	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				
6	N/A	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 83-4485064

Part II	Noncash Property (see instructions). Use duplicate copies	ty (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		   \$					

ne of org	ganization AIP FOUNDATION		Employer identification number			
	<b>—</b> • • • • • • • • • • • • • • • • • • •		83-4485064			
	(10) that total more than \$1,000 for the	e year from any one con s completing Part III, ente ear. (Enter this informatio	ons described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) the total of <i>exclusively</i> religious, charitable, n once. See instructions.) $\triangleright$ \$			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee			
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee			
a) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHED	DULE	D
(Form	990)	

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

► Attach to Form 990.

20 20 Open to Public

OMB No. 1545-0047

2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year	Depar	tment of the Treasury		Attach to Form 99			Open to Public
ALP_FOUNTARION       93-4485064         Part1       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.         1       Total number at end of year			Go to www.irs.gov	/Form990 for instruction	s and the latest infor		
Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.   Complete if the organization answered "Yes" on Form 990, Part IV, line 6.   1 Total number at end of year	Name	of the organization				Employer identific	ation number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.           1         Total number at end of year							64
	Pa					or Accounts.	
1       Total number at end of year       Image: control in the second in the		Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 6.		
2 Aggregate value of contributions to (during year)				(a) Donor advi	sed funds	(b) Funds and	d other accounts
<ul> <li>Agregate value of grants from (during year)</li></ul>	1	Total number at e	nd of year				
<ul> <li>A Aggregate value at end of year,,,,,,,, .</li></ul>	2	Aggregate value of	of contributions to (during year)				
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in doors advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part U Conservation Easements.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of a historically important land area</li> <li>Preservation of a historically important land area</li> <li>Preservation of open space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements .</li> <li>2 a total number of conservation easements .</li> <li>2 b Total acreage restricted by conservation easements served regarder diverse assements .</li> <li>2 a total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is an entitien batic to conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year</li> <li>4 Number of states where property subject to conservation easements in holds?</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements the organization is extended to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is a discriber structure.</li> <li>6 Staf</li></ul>	3	Aggregate value of	of grants from (during year)				
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in doors advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part U Conservation Easements.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of a historically important land area</li> <li>Preservation of a historically important land area</li> <li>Preservation of open space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements .</li> <li>2 a total number of conservation easements .</li> <li>2 b Total acreage restricted by conservation easements served regarder diverse assements .</li> <li>2 a total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is an entitien batic to conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year</li> <li>4 Number of states where property subject to conservation easements in holds?</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements the organization is extended to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is a discriber structure.</li> <li>6 Staf</li></ul>	4	Aggregate value a	at end of year				
funds are the organization's property, subject to the organization's exclusive legal control?	5	Did the organizat	ion inform all donors and donor	advisors in writing th	at the assets held	d in donor advised	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		-		-			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	6	•			•		
conferring impermissible private benefit?       Yes       No         PartIII       Conservation Easements       Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of land for public use (the example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of open space       Preservation of conservation easements.       Preservation of conservation easements.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       2a         3       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       2a         3       Total number of conservation easements included in (n) caquired after 7/25/06, and not on a historic structure listed by conservation Register.       2a         3       Number of states where property subject to conservation easements included >		-	-				
PartII       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public Use (or example, recreation or education)       Preservation of a historically important land area Preservation of a certified historic structure Preservation of a certified historic structure or education)         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure easement on the last day of the tax year.         a       Total acreage restricted by conservation easements       2a         b       Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		•				• • •	
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         1       Preservation of and for public use (tor example, recreation or education)       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure         a       Total acreage restricted by conservation easements       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure included in (a)	Pa						
□       Preservation of land for public use (tor example, recreation or education)       □       Preservation of a historically important land area         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         = assement on the last day of the tax year.       ■         = Total number of conservation easements       2a         2       Number of conservation easements included in (c) acquired historic structure included in (a)       2c         0       Number of conservation easements included in (c) acquired historic structure included in (a)       2c         3       Number of conservation easements included in (c) acquired historic structure included in (a)       2d         3       Number of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c) acquired historic mumber of conservation easements included in (c)         4       Number of s			e if the organization answered	"Yes" on Form 990,	Part IV, line 7.		
□       Protection of natural habitat       □       Preservation of a certified historic structure         □       Preservation of open space       □       Image: Structure       ■         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       ■       Held at the End of the Tax Year         2       Complete lines 2a through 2d if the organization helds a qualified conservation contribution in the form of a conservation       ■       Held at the End of the Tax Year         2       Total acreage restricted by conservation easements       …       2a       2a       2a         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.       2d       2d       2d         3       Number of states where property subject to conservation easement is located ▶	1	Purpose(s) of cor	nservation easements held by the	organization (check all	that apply).		
□       Protection of natural habitat       □       Preservation of a certified historic structure         □       Preservation of open space       □       Image: Structure       ■         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       ■       Held at the End of the Tax Year         2       Total accreage restricted by conservation easements       …       2a       2a       2a         2       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .       2d       2d       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		Preservatio	on of land for public use (for example	, recreation or education)	Preservatior	n of a historically im	portant land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 4 Total number of conservation easements			•			-	-
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 4 Total number of conservation easements		Preservatio	on of open space				
<ul> <li>easement on the last day of the tax year.</li> <li>a Total number of conservation easements</li></ul>	2			eld a qualified conservation	ation contribution i	in the form of a cor	nservation
a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)         9       In Part XIII, describe how the organization reports conservation easements in transcale statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         7		•	•				
<ul> <li>b Total acreage restricted by conservation easements</li></ul>	а		•			2a	
<ul> <li>c Number of conservation easements on a certified historic structure included in (a)</li></ul>	-						
d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		-	-				
<ul> <li>historic structure listed in the National Register</li></ul>							
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	u					2d	
<ul> <li>tax year ▶</li></ul>	3		-			· · · · ·	anization during th
<ul> <li>Number of states where property subject to conservation easement is located ▶</li></ul>	Ŭ					innated by the org	anization during th
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li></ul>	4			rvation easement is loc	ated <b>&gt;</b>		
<ul> <li>violations, and enforcement of the conservation easements it holds?</li></ul>							
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  <ul> <li>▲</li></ul></li></ul>	•	-				-	
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	6						
<ul> <li>\$</li></ul>	°		hours devoted to monitoring, map	county, narialing of viola			nonto during the year
<ul> <li>\$</li></ul>	7	Amount of expense	ses incurred in monitoring inspec	ting handling of violatic	ns and enforcing	conservation easen	nents during the yea
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following amounts required to be reported under FASB ASC 958 relating to these items:	2						
	2	•				assets tot intanci	a gain, provide th
a Revenue included on Form 990. Part VIII. line 1	2	-		-		▶ \$	,

	b	Assets included in Form 99	), Part X
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Schedule	D (Form	990)	2020
	- (	,	

► \$

Sche	dule D (Form 990) 2020									Page	2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histori	cal Treasure	es, or	Other	Similar A	ssets (c	ontinue	d)	
3	Using the organization's acquisition	on, accession, and o	other records	, check any	of the	follow	ing that m	ake sign	ificant us	se of its	3
	collection items (check all that app	ly):									
а	Public exhibition		d 🗌	Loan or exch	nange	prograr	m				
b	Scholarly research		е	Other							
с	Preservation for future gene	rations									
4	Provide a description of the organ		and explair	how they fu	urther	the org	ganization's	exempt	purpose	in Par	t
	XIII.		·				-		• •		
5	During the year, did the organization	on solicit or receive o	donations of a	art, historical t	treasur	es, or o	other simila	ır			
	assets to be sold to raise funds rath								Yes	No	S
Ра	rt IV Escrow and Custodial A		·								_
	Complete if the organiza		es" on Form	990, Part IV	, line	9, or re	eported ar	n amour	nt on For	m	
	990, Part X, line 21.						•				
1a	Is the organization an agent, trus	tee, custodian or o	ther interme	diary for con	tributio	ons or	other asse	ets not			_
	included on Form 990, Part X?			-				[	Yes	No	S
b	If "Yes," explain the arrangement i	n Part XIII and com	olete the follo	wing table:							
		·		5				Amount			-
с	Beginning balance				1c						-
d	Additions during the year										-
e	Distributions during the year										-
f	Ending balance										-
2a	Did the organization include an am					stodial	account liat	oility?	Yes	No	
	If "Yes," explain the arrangement i							-			-
	rt V Endowment Funds.							<u> </u>			
	Complete if the organiza	ation answered "Ye	es" on Form	990, Part IV	/, line	10.					
	1 5	(a) Current year	(b) Prior y		, wo years		(d) Three ye	ars back	(e) Four y	ears back	_
10	Reginning of year balance						., ,		., ,		-
1a ⊾	Beginning of year balance	21,517.									-
b											-
С	Net investment earnings, gains,										
	and losses										-
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										-
f	Administrative expenses	21,517.									-
g	End of year balance										-
2	Provide the estimated percentage		end balance ( %	line 1g, colum	in (a)) I	held as:					
a b	Board designated or quasi-endown Permanent endowment ► 100.0										
	Term endowment	<u>%</u>									
С			1000/								
20	The percentages on lines 2a, 2b, a Are there endowment funds not in			on that are he		ladmin	intered for t	ho			
Ja		the possession of th	le organizatio	on that are ne	anu anu	aumin		line	V	es No	_
	organization by:									x	
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								3a(ii)	A	_
	If "Yes" on line 3a(ii), are the relate	•	•		R?	• • • •		• • • •	3b		
4	Describe in Part XIII the intended u										
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered "Y	es" on Form	990, Part I	/, line	11a. S	See Form	990, Pa	rt X, line	10.	
	Description of property	(a) Cost or	other basis (	b) Cost or other b		(c) Acc	cumulated		) Book valu		-
	Land	(inves	tment)	(other)		depr	eciation				
1a											
b	Buildings										
c	Leasehold improvements										
d	Equipment.										
e	Other					- 1					
I ota	I. Add lines 1a through 1e. (Column	i (d) must equal Forr	n 990, Part X,	. coiumn (B), l	ine 100	C.)	<u></u> ▶				

Schedule D (Form 990) 2020

Schedule D (F	Form 990) 2020			Page <b>3</b>
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99(	0 Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Einanai	al derivatives			
. ,				
• •	held equity interests			
(3) Other _ (A)				
(F) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(U) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
i ai c v iii	Complete if the organization answered	"Yes" on Form 990	0. Part IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
	(4, 2000		Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.	"Vee" on Form 000	0 Part IV line 11d See Form 000	Dort V line 15
	Complete if the organization answered (a) Demonstration	scription	0, Part IV, line 110. See Form 990	(b) Book value
(1)				(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	• • • • • • • • • • • • • • • • • • • •	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

AIP	FOUNDATION

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V. line 4: Pa	rt X. line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

AIPF HAS TWO SEPARATE FUNDS WHICH HAVE BEEN ENDOWED BY DONORS, CENTER OF HISTORY OF PHYSICS ENDOWMENT FUND AND THE SIGMA PI SIGMA CONGRESS CENTENNIAL ENDOWMENT FUND. THE CHP ENDOWMENT FUND SUPPORTS THE ONGOING WORK OF THE CENTER AND INVESTS IN THE FUTURE OF THIS WORK TO ENSURE THE PRESERVATION OF THE CENTER'S MISSION AND ITS EXPANSIVE COLLECTION. THE SIGMA PI SIGMA CENTENNIAL ENDOWMENT FUND WILL BE USED TO LOWER THE FINANCIAL BURDEN FOR STUDENTS WHO MIGHT OTHERWISE NOT ATTEND THE CENTENNIAL PHYSCON, THE MODERN INCARNATION OF THE HISTORICAL SIGMA PI SIGMA CONGRESSES.

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION FOLLOWS U.S. GAAP WHICH RECOGNIZE INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION BELIEVES THAT ITS INCOME TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE FOUNDATION'S FINANCIAL POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR UNCERTAIN TAX POSITIONS ON DECEMBER 31, 2020 AND 2019.

SCHEDULE G		Information Re			-	-	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2020	
Department of the Treasury Internal Revenue Service	► G	► Attach o to www.irs.gov/Form		or Form 99 or Form 99			Open to Public Inspection
Name of the organization						Employer identification	on number
AIP FOUNDATION						83-4485064	
	<b>g Activities.</b> Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a X Mail solicita	tions	е	X Solic	itation of	non-government g	rants	
<b>b</b> X Internet and	email solicitations	f	Solic	itation of	government grants	6	
c Phone solici d X In-person so		g	Spec	cial fundra	ising events		
<b>2a</b> Did the organiza or key employee	tion have a written o s listed in Form 990						X Yes No
b If "Yes," list the	10 highest paid individual individual to the content of the conten	viduals or entities					fundraiser is to be
(i) Name and addr or entity (fu		<b>(ii)</b> 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)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1 ATTACHMENT 1							
2							
3							
4							
5							
6							
7							
8							
<b>.</b>							
9							
10							
Total				►		30,459.	-30,459.
	which the organizat			to solicit	contributions or	has been notified	it is exempt from
AL, AK, AR, CA, CO, C	CT, DC, FL, GA, HI	,IL,					
KS, KY, ME, MD, MA, M			NC,ND,C	)H,			
OK,OR,PA,RI,SC,							

PAGE 32

Fundraising Events. Complet	e if the organization	answered "Yes" on I	Form 990, Part IV,	line 18, or reported		
more than \$15,000 of fundra	•	ons and gross incom	ne on Form 990-EZ,	, lines 1 and 6b. List		
vents with gross receipts greater than \$5,000.						
		(I) E 1 // 0				

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u> </u>	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa	10 11 rt I	Direct expense summary. Add lin Net income summary. Subtract lin Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)	<u></u>	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.	,		•
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colui	mn (d)	►	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a k	ı	Enter the state(s) in which the organization licensed to con Is the organization licensed to con If "No," explain:		in each of these state		Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		• • • •	Yes No

ALP	FOUND	HTT(

Schedule G (Form 990 or 990-EZ) 2020

Part II

AIP FOUNDATI	ON
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Sched	ule G (Form 990 or 990-EZ) 2020 Page
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? Yes Ves Ves
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?
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?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	<b>Supplemental Information.</b> 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).

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	CONSULTING	х		30,459.	-30,459.
ONE EAST WALKER DRIVE CHICAGO					

IL 60601

Internet of the organization         Case to www.frs.gov/Form980 for instructions and the latest information.         Inspection           ALP FOUNDATION         83-4485064           Control         930, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the lense           Control         Fersional services (such as maid, charlfeur, releft)           D late organization require substantiation prior to relimbursing or allowing expenses incurred by and directors, trustees, and offices, including the CEO/Executive Director, charled any base for methods used by a releated organization to stabilish compensation of the organization to stabilish compensation of the organization or arelated organization to any elited organization           Compensation committee         Written employment contract           Compensation committee         Oregenetation to releate payment from an equity-based	SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					o47
Part1       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			C C					
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <ul> <li>First-class or charter travel</li> <li>Payments for business use of personal rescince the travel travel for companions</li> <li>First-class or charter travel</li> <li>Payments for business use of personal rescince the travel travel travel to company spending account</li> <li>Discretionary spending account</li> <li>Payments or for business use of personal rescince the explain for business use or initiation fees</li> <li>Personal services (such as maid, chauffeur, chef)</li> <li>If any of the following the organization follow a written policy regarding payment or reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>More person listed or form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>E Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any</li></ul>	AIP	FOUNDATIO	Ν		83-4485064			
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <ul> <li>First-class or charter travel</li> <li>Payments for business use of personal rescince the travel travel for companions</li> <li>First-class or charter travel</li> <li>Payments for business use of personal rescince the travel travel travel to company spending account</li> <li>Discretionary spending account</li> <li>Payments or for business use of personal rescince the explain for business use or initiation fees</li> <li>Personal services (such as maid, chauffeur, chef)</li> <li>If any of the following the organization follow a written policy regarding payment or reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>More person listed or form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>E Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any</li></ul>	Part	Question	ns Regarding Compensation	I				
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       1b         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization or change-of-control payment?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         c       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X	1a	990, Part VII, First-cla Travel fo	Section A, line 1a. Complete Part III to ss or charter travel or companions	provide any relevant information regarding Housing allowance or residence for Payments for business use of perso	g these items. personal use nal residence		Yes	No
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Independent compensation committee       Written employment contract       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.       4a       X         4       Participate in or receive payment from a supplemental nonqualified relirement plan?       4a       X         4       Tyes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         6       Participate in or receive payment from an equity-based compensation arrangement?       5b       X         6       The organization?       5b       X         7       Yes' on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of:       6a       X         7       X       6b       X       6b       X <th></th> <th>If any of the or reimburse explain Did the orga</th> <th>boxes on line 1a are checked, did the ment or provision of all of the ex anization require substantiation prior</th> <th>ne organization follow a written policy repenses described above? If "No," com to reimbursing or allowing expenses</th> <th>egarding payment pplete Part III to incurred by all</th> <th>1b</th> <th></th> <th></th>		If any of the or reimburse explain Did the orga	boxes on line 1a are checked, did the ment or provision of all of the ex anization require substantiation prior	ne organization follow a written policy repenses described above? If "No," com to reimbursing or allowing expenses	egarding payment pplete Part III to incurred by all	1b		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         Independent compensation comsultant       Compensation survey or study         Approval by the board or compensation committee       Written employment contract         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from an equity-based compensation arrangement?       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         c       Participate in or receive payment from an equity-based compensation provide the applicable amounts for each item in Part III.       4c       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of:       5a       X         6       Tre organization?       5a       X         6       Tre organization?       5b       X			_			2		
organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment for an equity-based compensation arrangement?       4a       X         c Participate in or receive payment for an equity-based compensation arrangement?       5a       X         b Any related organization?       5a       X       5b       X         f "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b<	3	organization's related organ Comper Indepen	s CEO/Executive Director. Check all that ization to establish compensation of the neation committee dent compensation consultant	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study	ods used by a art III.			
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         dc       X       5c       X         dc       Yes" on line 5a or 5b, describe in Part III.       5a       X         dc       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accr	4	During the ye	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to	o the filing			
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         c       If "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts rep					-			
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         dc       X         df "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation?       5a       X         b Any related organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regu	а							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         5 Any related organization?       6a       X         6 Any related organization?       6b       X         16 "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       1	b							
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit or generation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit or generation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit or generation</li> <li< th=""><th>С</th><th></th><th></th><th></th><th></th><th>4c</th><th></th><th>X</th></li<></ul>	С					4c		X
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6b       X         b       Any related organization?       6b       X         compensation contingent on the net earnings of:       6b       X         b       Any related organization?       6b       X         f       "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5	For persons	listed on Form 990, Part VII, Secti		ay or accrue any			
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         b       Any related organization?         compension line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organizat	ion?			5a		
compensation contingent on the net earnings of:       6a       X         a The organization?       6b       X         b Any related organization?       6b       X         ff "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6	-		on A, line 1a, did the organization pa	ay or accrue any			
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						6a		
payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b		-			6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov	vide any nonfixed			
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?         9       9	8	Were any am to the initia	ounts reported on Form 990, Part VII,   I contract exception described in I	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject f "Yes," describe			
Regulations section 53.4958-6(c)?         9	0					ŏ		
		Regulations s	ection 53.4958-6(c)?	<u> </u>		-		

Schedule J (Form 990) 2020

#### Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	er deferred benefits	<b>(E)</b> Total of columns (B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other other def	other deferred compensation	in column (B) reported as deferred on prior Form 990			
MICHAEL MOLONEY	(i)	0.	0.	0.	0.	0.	0.	0.
1AIP CEO AND EX-OFFICIO	(ii)	462,904.	61,485.	53,919.	28,500.	18,641.	625,449.	0.
CATHERINE SWARTZ	(i)	0.	0.	0.	0.	0.	0.	0.
2CFO, AIP	(ii)	324,401.	4,623.	22,526.	28,500.	21,240.	401,290.	0.
TANYA EASTON	(i)	0.	0.	0.	0.	0.	0.	0.
3EXECUTIVE DIRECTOR	(ii)	181,639.	0.	720.	4,881.	29,809.	217,049.	0.
MELISSA PERRY	(i)	0.	0.	0.	0.	0.	0.	0.
4SECRETARY	(ii)	121,031.	1,769.	16,008.	14,621.	21,373.	174,802.	0.
	(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)							

Schedule J (Form 990) 2020

Page 3

Schedule J (Form 990) 2020

## Part III Supplemental Information

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

## SCHEDULE 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.



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

FORM 990, PART III, LINE 4D

DIVERSITY, EQUITY, INCLUSION

AIP HAS INVESTED IN DIVERSITY, EQUITY, AND INCLUSION ACROSS THE INSTITUTE. IN JANUARY 2020, THE TASK FORCE TO ELEVATE AFRICAN AMERICAN REPRESENTATION IN UNDERGRADUATE PHYSICS AND ASTRONOMY (TEAM-UP) RELEASED ITS GROUNDBREAKING REPORT, SYSTEMIC CHANGES TO INCREASE AFRICAN AMERICANS WITH BACHELOR'S DEGREES IN PHYSICS AND ASTRONOMY. RECOGNIZING THE IMPORTANCE OF BOTH INFORMATION AND ACTION, AIP DEDICATED FULL-TIME STAFF TO PROMOTE AND ADVANCE THE TEAM-UP REPORT RECOMMENDATIONS WITHIN THE PHYSICS AND ASTRONOMY ACADEMIC COMMUNITIES AND ASSEMBLED A COMMITTEE OF EXPERTS TO ORGANIZE A SERIES OF WORKSHOPS AIMED AT HELPING THESE DEPARTMENTS CREATE ENVIRONMENTS WHERE AFRICAN AMERICAN STUDENTS CAN THRIVE.

THE AIP BOARD ESTABLISHED A DIVERSITY ACTION FUND FOR ACTION-BASED GRANTS TO SUPPORT OUR MEMBER SOCIETIES' INITIATIVES IN RESPONSE TO RACIAL INJUSTICES. THE FUND ALSO ESTABLISHED A JOINT AWARD WITH THE NATIONAL SOCIETY OF BLACK PHYSICISTS, THE AIP-NSBP JOSEPH A. JOHNSON II AWARD, WHICH HONORS DR. JOHNSON'S LEGACY AS A PIONEERING EXPERIMENTAL PHYSICIST, COFOUNDER OF NSBP, AND INSPIRATIONAL MENTOR TO COUNTLESS BLACK STUDENTS. AIP PARTNERED WITH THE #BLACKINPHYSICS ORGANIZERS TO SPOTLIGHT BLACK PHYSICISTS - THEIR STORIES AND THEIR CONTRIBUTIONS TO SCIENCE AND SOCIETY. OUR FLAGSHIP PUBLICATION, PHYSICS TODAY, CREATED A #BLACKINPHYSICS WEEK ESSAY SERIES AS PART OF THAT PARTNERSHIP AND EACH YEAR DRAWS ATTENTION TO ISSUES AFFECTING WOMEN, LGBTQ PEOPLE, PEOPLE WITH

Schedule O (Form 990 or 990-EZ) 2020		Page <b>2</b>
Name of the organization	Employer identification number	
AIP FOUNDATION	83-4485064	

DISABILITIES AND PEOPLE OF COLOR IN THE PHYSICAL SCIENCES. OVER THE LAST YEAR, AIP HAS JOINED WITH OTHER SCIENTIFIC ORGANIZATIONS TO CONDEMN VIOLENCE AGAINST COMMUNITIES OF COLOR AND JOINED THE CEO ACTION FOR RACIAL EQUITY INITIATIVE AS PART OF THE CEO ACTION FOR DIVERSITY & INCLUSION ORGANIZATION. AIP CONTINUES AS A MEMBER OF THE SOCIETIES CONSORTIUM ON SEXUAL HARASSMENT IN STEMM, WHICH PUSHES FOR EXCELLENCE IN STEMM FIELDS AND ADDRESSING ISSUES OF SEXUAL HARASSMENT.

FORM 990, PART VI, LINE 6 EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS: AIP 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

Employer identification number 83-4485064

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:

THE FORM 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE 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.

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Name of the organization	Employer identification number
AIP FOUNDATION	83-4485064
	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.

ATTACHMENT 2

### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SOCIETY OF PHYSICS STUDENTS AND SIGMA PI SIGMA THE SOCIETY OF PHYSICS STUDENTS (SPS) IS A SCIENTIFIC SOCIETY FOR PHYSICS AND ASTRONOMY UNDERGRADUATES AND THEIR MENTORS, WITH MORE THAN 4,600 MEMBERS AND 845 SPS CHAPTERS NATIONWIDE AND 34 INTERNATIONAL CHAPTERS. SPS EXISTS TO SUPPORT UNDERGRADUATE STUDENTS WITH AN INTEREST IN PHYSICS, PHYSICS AND ASTRONOMY DEPARTMENTS, AND THE BROADER COMMUNITY.

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

THE SOCIETY OF PHYSICS STUDENTS AND SIGMA PI SIGMA PROVIDE

Employer identification number 83-4485064

ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 3

### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

CENTER FOR HISTORY OF PHYSICS (CHP) AND THE NIELS BOHR LIBRARY & ARCHIVES

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

THE CORE ACTIVITIES OF CHP INCLUDE LOCATING AND PRESERVING PRIMARY SOURCE MATERIAL, SUPPORTING THE PRODUCTION OF HISTORY OF THE PHYSICAL SCIENCES, AND BRINGING THIS HISTORY TO A WIDE AUDIENCE. WE HELP WITH SOURCES MAINLY IN COLLABORATION WITH NBL&A AND THROUGH ORAL HISTORY INTERVIEWING, AN IMMEDIATE AND PERSONAL

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ATTACHMENT 3 (CONT'D)

Page 2

TESTIMONY TO SCIENCE IN PASSING GENERATIONS. WE SUPPORT HISTORICAL WRITING THROUGH GRANTS-IN-AID AND THE HELLEMAN FELLOWSHIPS, AS WELL AS THROUGH THE EARLY CAREERS CONFERENCE AND OUR SUPPORT OF EMERGING SCHOLARS. WE SUPPORT EDUCATION AND ENGAGEMENT ABOUT THE HISTORY OF THE PHYSICAL SCIENCES THROUGH OUR TEACHING GUIDES AND HISTORY OF SCIENCE WEB EXHIBITS. CHP ALSO SPONSORS PUBLIC LECTURE SERIES, THE LYNE STARLING TRIMBLE SCIENCE HERITAGE PUBLIC LECTURES.

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

THE NIELS BOHR LIBRARY & ARCHIVES (NBL&A) DOCUMENTS THE HISTORY OF AIP AND OTHER SCIENTIFIC INSTITUTIONS BY COLLECTING INSTITUTIONAL RECORDS AND OTHER PRIMARY RESOURCES THAT DETAIL THE ACTIVITIES OF THE ORGANIZATIONS AND HIGHLIGHT THE ROLES THAT THESE INSTITUTIONS PLAY IN THE WORLD AT LARGE, CAPTURING HOW SCIENTIFIC INSTITUTIONS PARTICIPATE IN GLOBAL MOVEMENTS LIKE SOCIAL INJUSTICE, INCLUSION, GLOBAL WARMING, AND PANDEMIC RESPONSE. THE NBL&A ALSO PRESERVES ORAL HISTORY INTERVIEWS, PHOTOGRAPHS AND MEDIA, BOOKS, JOURNALS, AND OTHER PUBLISHED MATERIALS PERTAINING TO THE HISTORY OF THE PHYSICAL SCIENCES. IN RECENT YEARS, THE NBL&A HAS BROADENED THE SCOPE OF THE COLLECTIONS TO INCLUDE OLDER MATERIALS AND RARE

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Employer identification number 83-4485064

ATTACHMENT 3 (CONT'D)

BOOKS, DATING BACK TO THE 16TH AND 17TH CENTURIES, IN TOPICS THAT FORM THE FOUNDATIONS OF MODERN SCIENCE.

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

OMB No. 1545-0047

Open to Public

Inspection

20

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Employer identification number

83-4485064

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

AIP FOUNDATION

### 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
					1

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
						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)							
							l .

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

Schedule R (Form 990) 2020

Page **2** 

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) (d) Legal Direct controlling domicile entity (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	Share of total Share of end-of-		(h) Disproportionate allocations? (Form 1065) (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		Code V - UBI Gener amount in box 20 mana of Schedule K-1 partn		<b>(k)</b> Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)												
(4)												
(5)												
(6)	_											
(7)	_											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

83-4485064

Par	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	e: 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 more	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
					1b	Х	
						Х	
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
							X
h	Purchase of assets from related organization(s)				1h		X
i	interest: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.       1         1       During the tax year, (id the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?       1         a Receipt of 0 interest, (i) annulles, (ii) royatines, (ii) royatines, (iii) royatines, (iiii) royatines, (iiiii) royatines, (iiii) royatines, (iiiii) royatines, (iiii) royatines, (iiiii) royatines, (iiiii) royatines, (iiiii) royatines, (iiiii) royatines, (iiiii) royatines, (iiii)			X			
j	Lease of facilities, equipment, or other assets to related organization(s)			• • • •	1j		<u>X</u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I.	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
o	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s).	<u> </u>			-		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	red relationships and transa	ction three	sholds	6.	
				Mothod		rminin	
	Name of related organization		Amount involved				g
(1)							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
JSA		11	Sch	edule R (F	orm 9	990) 2	2020

Schedule R (Form 990) 2020

# 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.

1	(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domin (state or fore country)		ate or foreign country) income (related, unrelated, excluded from tax under		e) partners tion (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		te 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	
(1)		_												
(2)		_												
(3)		_												
(4)		_												
(5)		_												
(6)		_												
(7)		_												
(8)		_												
(9)		_												
(10)		_												
(11)		_												
(12)		_												
(13)														
(14)		_												+
(15)		_												+
(16)														

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 Part VII
 Supplemental Information

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