

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE Doing Business As AAPM Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE PHYSICS ELLIPSE City or town, state or country, and ZIP + 4 COLLEGE PARK, MD 20740 F Name and address of principal officer: ANGELA KEYSER SAME AS C ABOVE	D Employer identification number 23-7057224 E Telephone number (301) 209-3350 G Gross receipts \$ 14,842,821. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AAPM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1965
M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE IS TO ADVANCE THE SCIENCE,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	47
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	1181
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,528,127.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	573,016.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	422,073.	333,174.
9	Program service revenue (Part VIII, line 2g)	6,772,001.	7,288,915.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,434.	258,819.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	319,559.	334,369.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,758,067.	8,215,277.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	388,552.	212,979.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,518,276.	3,781,099.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,700,804.	4,200,404.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,607,632.	8,194,482.
19	Revenue less expenses. Subtract line 18 from line 12	150,435.	20,795.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,006,266.	12,547,218.
21	Total liabilities (Part X, line 26)	3,195,578.	2,841,047.
22	Net assets or fund balances. Subtract line 21 from line 20	9,810,688.	9,706,171.

Part II Signature Block

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

Sign Here	Signature of officer ANGELA KEYSER, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature Date
	Firm's name ▶ MCGLADREY & PULLEN, LLP	Check if self-employed <input type="checkbox"/> PTIN P01249785
	Firm's address ▶ 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	Firm's EIN ▶ 42-0714325
		Phone no. 703-336-6400

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

AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
THE MISSION OF THE AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE IS TO ADVANCE THE SCIENCE, EDUCATION AND PROFESSIONAL PRACTICE OF MEDICAL PHYSICS.

THE MISSION IS CARRIED OUT THROUGH THE PROMOTION OF THE HIGHEST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,335,553. including grants of \$) (Revenue \$ 2,967,648.)
EDUCATION AND PROFESSIONAL DEVELOPMENT: A SCIENTIFIC MEETING IS HELD EACH YEAR TO ALLOW MEMBERS TO PRESENT THE RESULTS OF THEIR LATEST RESEARCH. ATTENDANCE IS APPROXIMATELY 3,000. IN ADDITION TO THE SCIENTIFIC SESSIONS, VARIOUS OTHER EDUCATIONAL AND PROFESSIONAL DEVELOPMENT ACTIVITIES TAKE PLACE. AN ANNUAL SEMINAR, CALLED THE SUMMER SCHOOL, IS PRESENTED ANNUALLY AND GENERALLY IS A DETAILED SEMINAR ON ONE SPECIFIC TOPIC RELEVANT TO THE CURRENT STATUS OF THE PROFESSION.

4b (Code:) (Expenses \$ 1,838,508. including grants of \$ 212,979.) (Revenue \$ 605,269.)
COUNCIL ACTIVITIES: PROFESSIONAL, EDUCATIONAL AND SCIENTIFIC COUNCIL OVERSEE THE VARIOUS PROGRAM AREAS OF THE SOCIETY. THE EDUCATION COUNCIL OVERSEES THE EDUCATIONAL PROGRAMS OFFERED BY THE SOCIETY AND MONITORS AND FACILITATES THE EDUCATION AND TRAINING OF MEDICAL PHYSICISTS. THE PROFESSIONAL COUNCIL ADDRESSES THE PROFESSIONAL CONCERNS OF THE MEMBERSHIP AND THE MEDICAL PROFESSION. THE SCIENCE COUNCIL EXAMINES SPECIFIC AREAS OF MEDICAL PHYSICS TO DETERMINE ADVANCEMENT MECHANISMS, ADDRESSES SPECIFIC QUESTIONS AND COLLATES AND ASSESSES DATA.

AN ADMINISTRATIVE COUNCIL OVERSEES A NUMBER OF COMMITTEES RESPONSIBLE FOR THE SOCIETY'S AWARDS PROGRAMS, THE ACTIVITIES OF REGIONAL CHAPTERS

4c (Code:) (Expenses \$ 1,379,085. including grants of \$) (Revenue \$ 2,377,679.)
SCIENTIFIC PUBLICATIONS: AAPM PUBLISHES A SCIENTIFIC JOURNAL ENTITLED JOURNAL OF MEDICAL PHYSICS, WHICH IS SENT TO ALL MEMBERS. IT IS THE PREMIER JOURNAL FOR THE MEDICAL PHYSICS PROFESSION AND CONTAINS SCIENTIFIC PAPERS DESCRIBING CURRENT RESEARCH IN THE FIELD IN BOTH DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR TREATING DISEASE, PRIMARILY CANCERS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 451,250. including grants of \$) (Revenue \$ 1,338,319.)

4e Total program service expenses **6,004,396.**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	47			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	46			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6	X		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a	X		
b Each committee with authority to act on behalf of the governing body?	8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANGELA R. KEYSER, C/O AAPM - (301) 209-3350**
ONE PHYSICS ELLIPSE, COLLEGE PARK, MD 20740

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HERMAN CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(2) J. ANTHONY SEIBERT PRESIDENT	1.00	X		X				0.	0.	0.
(3) GARY EZZELL PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(4) JOHN GIBBONS SECRETARY	1.00	X		X				0.	0.	0.
(5) JANELLE MOLLOY TREASURER	1.00	X		X				0.	0.	0.
(6) NZHDE AGAZARYAN BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(7) JERRY ALLISON PARLIAMENTARIAN	1.00	X						0.	0.	0.
(8) JOHN ANTOLAK BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(9) J. ED BARNES BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(10) JOHN BAYOUTH BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(11) J. DOUGLAS BENNETT BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(12) JOHN BOONE COUNCIL CHAIR	1.00	X						0.	0.	0.
(13) J. DANIEL BOURLAND GOVERNING BOARD REPRESENTATIVE	1.00	X						0.	0.	0.
(14) IVAN BREZOVICH BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(15) JANICE CAMPBELL BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(16) MARIA CHAN BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(17) BRUCE CURRAN GOVERNING BOARD REPRESENTATIVE	1.00	X						0.	0.	0.

**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) INDRA DAS BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(19) GEORGE DASKALOV BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(20) NESRIN DOGAN BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(21) KEVIN FALLON BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(22) JEFFREY GARRETT BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(23) JAMES GOODWIN BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(24) PER HALVORSEN COUNCIL CHAIR	1.00	X						0.	0.	0.
(25) JOSEPH HELLMAN BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(26) DONALD HESS BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								788,327.	0.	160,199.
d Total (add lines 1b and 1c)								788,327.	0.	160,199.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN INSTITUTE OF PHYSICS ONE PHYSICS ELLIPSE, COLLEGE PARK, MD 20740	PUBLISHING SERVICES	3,995,136.
VANCOUVER CONVENTION CENTRE 999 CANADA PLACE, VANCOUVER, BC, CANADA 1	CONVENTION SERVICES	775,000.
PROJECT PRESENTATION TECHNOLOGIES 8351 BRISTOL CT, JESSUP, MD 20794	AUDIO VISUAL SERVICES	161,018.
PAN PACIFIC HOTEL 999 CANADA PLACE, VANCOUVER, BC, CANADA 1	MEETING & EVENT SERVICES	154,518.
HEALTH RESEARCH, INC. 150 BROADWAY, MENANDA, NY 12204	CONSULTING SERVICE	144,182.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) EDWARD JACKSON BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(28) STEVEN JONES BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(29) EUGENE LIEF BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(30) MELISSA CAROL MARTIN COUNCIL CHAIR	1.00	X						0.	0.	0.
(31) MARY ELLEN MASTERSON-MCGARY BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(32) SANFORD MEEKS BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(33) DOUGLAS PFEIFFER BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(34) DHARANIPATHY RANGARAJ BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(35) MARK RIVARD BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(36) STEPHEN RUDIN BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(37) STEPHEN SAPARETO BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(38) BETH SCHUELER BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(39) BETH SCHUELER SECRETARY DESIGNATE	1.00	X						0.	0.	0.
(40) GEORGE STARKSCHALL COUNCIL CHAIR	1.00	X						0.	0.	0.
(41) ROBIN STERN BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(42) RUSSELL TARVER BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(43) JOHN WONG BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(44) RAYMOND WU BOARD MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(45) YING XIAO BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
(46) ERIC ZICKGRAF BOARD MEMBER/CHAPTER REPRESENTATIVE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN ASSOCIATION OF PHYSICISTS
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23-7057224

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ANGELA KEYSER GOVERNING BOARD REPRESENTATIVE/EXECU	38.00	X		X				249,964.	0.	51,427.
(48) CECILIA HUNTER DIRECTOR FINANCE ADMINISTR	38.00			X				138,598.	0.	22,873.
(49) MICHAEL E. WOODWARD DIRECTOR OF IS	38.00					X		140,894.	0.	34,610.
(50) LYNNE FAIROBENT GOVT. RLTN MGR	38.00					X		136,226.	0.	18,629.
(51) LISA ROSA SULLIVAN DIR OF MEETING & PROGRAMS	38.00					X		122,645.	0.	32,660.
Total to Part VII, Section A, line 1c								788,327.		160,199.

**AMERICAN ASSOCIATION OF PHYSICISTS
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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	333,174.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			333,174.			
Program Service Revenue	2 a EDUCATIONAL ACTIVITIES	Business Code 900099	2843856.	2843856.			
	b PUBLISHING ACTIVITIES	541800	2262354.	1261265.	1,001,089.		
	c DUES	900099	1816967.	1816967.			
	d PLACEMENT BULLETIN	511190	314,838.		314,838.		
	e MEMBER SERVICES	561300	50,900.		50,900.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			7288915.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		258,819.			258,819.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		84,504.			84,504.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,627,544.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	6,627,544.				
		c Gain or (loss)	0.				
	d Net gain or (loss)			0.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SERVICES INCOME	812900	161,300.		161,300.			
b OTHER INCOME	900099	56,270.			56,270.		
c SALES OF LISTS	900099	32,295.			32,295.		
d All other revenue							
e Total. Add lines 11a-11d			249,865.				
12 Total revenue. See instructions.			8215277.	5922088.	1,528,127.	431,888.	

**AMERICAN ASSOCIATION OF PHYSICISTS
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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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	212,979.	212,979.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	388,563.	253,421.	135,142.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,558,752.	1,298,196.	1,260,556.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	182,692.	120,960.	61,732.	
9 Other employee benefits	523,566.	346,653.	176,913.	
10 Payroll taxes	127,526.	84,435.	43,091.	
11 Fees for services (non-employees):				
a Management				
b Legal	381,355.	381,355.		
c Accounting	37,800.	37,800.		
d Lobbying	26,175.	26,175.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,721.	28,721.		
g Other	1,047,544.	1,035,311.	12,233.	
12 Advertising and promotion	19,507.	15,801.	3,706.	
13 Office expenses	38,745.	25,653.	13,092.	
14 Information technology	91,368.		91,368.	
15 Royalties				
16 Occupancy	365,921.	96,861.	269,060.	
17 Travel	537,344.	536,434.	910.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	928,487.	915,248.	13,239.	
20 Interest	1,411.		1,411.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,279.		59,279.	
23 Insurance	81,807.	43,180.	38,627.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT TAXES	231,543.	231,543.		
b DUES AND SUBSCRIPTIONS	145,057.	145,057.		
c BANK & CREDIT CARD PROC	131,316.	131,316.		
d CONTINUING EDUCATION FE	41,310.	37,297.	4,013.	
e All other expenses	5,714.		5,714.	
25 Total functional expenses. Add lines 1 through 24e	8,194,482.	6,004,396.	2,190,086.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	100.	1	100.	
	2 Savings and temporary cash investments	870,718.	2	839,390.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	368,741.	4	505,331.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	592.	5	3,692.	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	282,440.	9	271,677.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,131,508.			
	b Less: accumulated depreciation	1,005,972.			
		95,064.	10c	125,536.	
	11 Investments - publicly traded securities	11,388,611.	11	10,801,492.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,006,266.	16	12,547,218.		
Liabilities	17 Accounts payable and accrued expenses	1,650,178.	17	1,314,277.	
	18 Grants payable		18		
	19 Deferred revenue	1,524,829.	19	1,494,319.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,571.	25	32,451.	
	26 Total liabilities. Add lines 17 through 25	3,195,578.	26	2,841,047.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,819,334.	27	8,596,959.	
	28 Temporarily restricted net assets	938,823.	28	1,051,994.	
	29 Permanently restricted net assets	52,531.	29	57,218.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,810,688.	33	9,706,171.	
34 Total liabilities and net assets/fund balances	13,006,266.	34	12,547,218.		

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	8,215,277.
2 Total expenses (must equal Part IX, column (A), line 25)	2	8,194,482.
3 Revenue less expenses. Subtract line 2 from line 1	3	20,795.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,810,688.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	-125,312.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,706,171.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<input checked="" type="checkbox"/>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2011)

DRAFT

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE** Employer identification number **23-7057224**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,443,440.	1,745,050.	1,830,640.	2,206,940.	2,150,141.	9,376,211.
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	4,203,459.	4,028,649.	3,950,576.	4,002,309.	4,105,121.	20,290,114.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,646,899.	5,773,699.	5,781,216.	6,209,249.	6,255,262.	29,666,325.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						29,666,325.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	5,646,899.	5,773,699.	5,781,216.	6,209,249.	6,255,262.	29,666,325.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	586,111.	94,711.	83,933.	316,603.	343,323.	1,424,681.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	586,111.	94,711.	83,933.	316,603.	343,323.	1,424,681.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	455,084.	133,811.	85,828.	194,561.	573,016.	1,442,300.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	174,046.	278,379.	252,250.	99,700.	83,565.	887,940.
13 Total support (Add lines 9, 10c, 11, and 12.)	6,862,140.	6,280,600.	6,203,227.	6,820,113.	7,255,166.	33,421,246.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	88.76 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	89.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	4.26 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	4.40 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE** Employer identification number **23-7057224**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

LHA

AMERICAN ASSOCIATION OF PHYSICISTS

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	3,769.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	27,096.													
c	Total lobbying expenditures (add lines 1a and 1b)	30,865.													
d	Other exempt purpose expenditures	8,163,617.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	8,194,482.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	559,724.													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	139,931.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	529,293.	534,867.	530,382.	559,724.	2,154,266.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,231,399.
c Total lobbying expenditures	7,504.	43,469.	33,963.	30,865.	115,801.
d Grassroots nontaxable amount	132,323.	133,717.	132,596.	139,931.	538,567.
e Grassroots ceiling amount (150% of line 2d, column (e))					807,851.
f Grassroots lobbying expenditures	7,504.	1,000.	863.	3,769.	13,136.

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and taxable amounts.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Employer identification number
23-7057224

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	75,499.	71,118.	39,215.	34,992.	
b Contributions	4,687.	2,980.	21,345.	100.	
c Net investment earnings, gains, and losses	2,551.	3,262.	12,074.	4,123.	
d Grants or scholarships		1,861.			
e Other expenditures for facilities and programs	1,880.		1,516.		
f Administrative expenses					
g End of year balance	80,857.	75,499.	71,118.	39,215.	

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

- a** Board designated or quasi-endowment %
 - b** Permanent endowment 69.58 %
 - c** Temporarily restricted endowment 30.42 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		387,333.	387,333.	0.
d Equipment		545,296.	435,407.	109,889.
e Other		198,879.	183,232.	15,647.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				125,536.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	15,817.
(3) DEFERRED RENT	16,634.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	32,451.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Schedule D (Form 990) 2011

23-7057224 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,215,277.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,194,482.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	20,795.
4	Net unrealized gains (losses) on investments	4	-125,312.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-125,312.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-104,517.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,089,965.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-125,312.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-125,312.
3	Subtract line 2e from line 1	3	8,215,277.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,215,277.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,194,482.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,194,482.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,194,482.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO FUND ANNUAL TRAVEL AND

OTHER AWARDS GIVEN IN THE NAME OF THE DONOR.

PART X, LINE 2: THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL

INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE. IN ADDITION, THE ASSOCIATION QUALIFIES FOR CHARITABLE

CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS

NOT A PRIVATE FOUNDATION. UNDER

Part XIV Supplemental Information (continued)

CURRENT INTERNAL REVENUE SERVICE (IRS) REGULATIONS, ADVERTISING AND MANAGEMENT FEE REVENUE EARNED IS SUBJECT TO UNRELATED BUSINESS INCOME TAX. FOR THE YEAR ENDED DECEMBER 31, 2011, THE ASSOCIATION HAD NET UNRELATED BUSINESS INCOME OF APPROXIMATELY \$639,000.

THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. THE ASSOCIATION HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2011. GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX POSITIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

**Employer identification number
23-7057224**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA 510 ALDRICH HALL # 5 IRVINE, CA 92967	95-2226406	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF MARYLAND, BALTIMORE 520 WEST LOMBARD STREET BALTIMORE, MD 21202	52-1362793	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
DUKE UNIVERSITY MEDICAL CENTER 2301 ERWIN RD DURHAM, NC 27705	56-0532129	501(C)(3)	51,500.	0.			PROGRAM SUPPORT
UPSTATE MEDICAL PHYSICS 1290 BLOSSOM DRIVE VICTOR, NY 14564	27-2503396		33,500.	0.			PROGRAM SUPPORT

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

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

Schedule I (Form 990) (2011)

**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

DRAFT

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE AWARDED TO EDUCATIONAL INSTITUTIONS TO SUPPORT GRADUATE AND RESIDENCY PROGRAMS IN MEDICAL PHYSICS. APPLICATIONS ARE SOLICITED OVER THE AAPM WEB SITE AND RECIPIENTS ARE CHOSEN BY A REVIEW AND RANKING SYSTEM USING SPECIFIC CRITERIA ESTABLISHED BY THE AAPM. THE PROCESS IS OVERSEEN BY A COMMITTEE OF VOLUNTEER MEDICAL PHYSICIST MEMBERS OF THE AAPM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Employer identification number
23-7057224

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	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
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2011

**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Schedule J (Form 990) 2011

23-7057224

Page 2

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANGELA KEYSER	(i)	223,854.	22,990.	3,120.	24,500.	28,646.	303,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CECILIA HUNTER	(i)	133,898.	2,000.	2,700.	13,800.	10,303.	162,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL E. WOODWARD	(i)	136,194.	2,000.	2,700.	14,200.	21,669.	176,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LYNNE FAIROBENT	(i)	132,376.	1,150.	2,700.	13,590.	6,270.	156,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LISA ROSA SULLIVAN	(i)	117,945.	2,000.	2,700.	12,250.	21,569.	156,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE** Employer identification number **23-7057224**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	CECILIA A. HUNTER				X	612.	353.		X	X
ANGELA R. KEYSER		X	2,434.	2,299.		X	X		X	
LISA ROSE SULLIVA		X	1,883.	1,022.		X	X		X	
MICHAEL WOODWARD		X	333.	18.		X	X		X	
Total				▶ \$	3,692.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CECILIA A. HUNTER

(A) PURPOSE OF LOAN: COMPUTER EQUIPMENT FOR HOME USE.

(A) NAME OF PERSON: ANGELA R. KEYSER

(A) PURPOSE OF LOAN: COMPUTER EQUIPMENT FOR HOME USE.

(A) NAME OF PERSON: LISA ROSE SULLIVAN

(A) PURPOSE OF LOAN: COMPUTER EQUIPMENT FOR HOME USE.

(A) NAME OF PERSON: MICHAEL WOODWARD

(A) PURPOSE OF LOAN: COMPUTER EQUIPMENT FOR HOME USE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization
**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Employer identification number
23-7057224

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND PROFESSIONAL PRACTICE OF MEDICAL PHYSICS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY MEDICAL PHYSICS SERVICES FOR PATIENTS; ENCOURAGING RESEARCH AND
DEVELOPMENT TO ADVANCE THE PROFESSION; DISSEMINATING SCIENTIFIC AND
TECHNICAL INFORMATION ON THE DISCIPLINE; FOSTERING THE EDUCATION AND
PROFESSIONAL DEVELOPMENT OF MEDICAL PHYSICISTS; SUPPORTING THE MEDICAL
PHYSICS EDUCATION OF PHYSICIANS AND OTHER MEDICAL PROFESSIONALS;
PROMOTING STANDARDS FOR THE PRACTICE OF MEDICAL PHYSICS; AND GOVERNING
AND MANAGING THE ASSOCIATION IN AN EFFECTIVE, EFFICIENT, AND FISCALLY
RESPONSIBLE MANNER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WHICH PROVIDE EDUCATION AND TRAINING FOR MEMBERS ON THE LOCAL LEVEL,
AND SERVES AS A CONDUIT BETWEEN THE VOLUNTEER WORK OF THESE COMMITTEES
AND THE BOARD OF DIRECTORS.

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

OTHER PROGRAMS

EXPENSES \$ 451,250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,338,319.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS VARIOUS

MEMBERSHIPS SUCH AS, FULL, CORRESPONDING, INTERNATIONAL AFFILIATE, JUNIOR,
ASSOCIATE, STUDENT, AND EMERITUS.

Name of the organization	AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE	Employer identification number	23-7057224
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FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ASSOCIATION WILL BE PROVIDED WITH BALLOTS AND BIOGRAPHICAL INFORMATION, PREPARED BY THE NOMINATING COMMITTEE FOR THE ANNUAL GENERAL ELECTION, ON ALL NOMINEES AT LEAST TWO MONTHS PRIOR TO THE ANNUAL BUSINESS MEETING TO MEMBERS AND EMERITUS MEMBERS. INSTRUCTIONS SHALL ACCOMPANY THE BALLOTS AND BIOGRAPHICAL INFORMATION. THE METHOD OF BALLOTING SHALL BE AS DESCRIBED IN A CURRENT ADMINISTRATIVE POLICY DOCUMENT THAT HAS BEEN APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B: PROPOSED AMENDMENTS TO THE BY-LAWS WILL ARE PROVIDED TO MEMBERS AND EMERITUS MEMBERS, STATEMENTS OF THE BOARD ON SUCH AMENDMENTS, AND ARGUMENTS FOR AND AGAINST SUCH AMENDMENTS EXPRESSED AT THE ANNUAL BUSINESS MEETING FOR THE PURPOSE OF CONDUCTING A VOTE FOR THE ADOPTION OR REJECTION OF SUCH AMENDMENTS.

AMENDMENTS MAY BE PROPOSED AND ACTED ON AT ANY BOARD MEETING. AMENDMENTS MAY ALSO BE PROPOSED BY MAIL OR THROUGH ELECTRONIC MEANS OF COMMUNICATION TO THE BOARD THROUGH THE SECRETARY WHO SHALL FIRST REVIEW THEM WITH THE RULES COMMITTEE. AMENDMENTS MAY BE PROPOSED BY ANY BOARD MEMBER, EDITOR, CHAIR, AIP REPRESENTATIVE OR APPOINTED REPRESENTATIVE.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT COMMITTEE AND THEN PROVIDED VIA THE INTERNET TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AAPM HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS BAKED INTO THE CULTURE OF THE ORGANIZATION WITH EVERY MEMBER OF THE ASSOCIATION AND EMPLOYEES INFORMED ON AN ONGOING BASIS

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Employer identification number
23-7057224

OF THE CONFLICT OF INTEREST POLICIES. ALL INDIVIDUALS SELECTED FOR SERVICE TO THE ASSOCIATION ARE REQUIRED TO COMPLETE A "POTENTIAL SOURCES OF CONFLICT OF INTEREST" STATEMENT PRIOR TO ASSUMING THEIR DUTIES, LISTING RELEVANT CONNECTIONS AND INTEREST. THIS STATEMENT IS MADE AVAILABLE TO MEMBERS OF THE ASSOCIATION. EACH YEAR THE EMPLOYEES ARE REQUIRED TO READ AND SIGN THE EXISTING CONFLICT OF INTEREST POLICY AND ANY UPDATES THAT HAVE BEEN MADE.

FORM 990, PART VI, SECTION B, LINE 15: THE SUB-COMMITTEE ON AAPM COMPENSATION PRACTICES IS REQUIRED EACH YEAR TO EXAMINE THE CURRENT AAPM SALARY PROGRAM COVERING ALL HEADQUARTERS STAFF AND TO MAKE RECOMMENDATIONS REGARDING THE SALARY STRUCTURE AND STAFF LEVELS. IN ADDITION, THE SUB-COMMITTEE IS TO ADVISE THE EXECUTIVE COMMITTEE ON MATTERS INVOLVING JOB PERFORMANCE EVALUATION AND COMPENSATION POLICY.

THE EXECUTIVE DIRECTOR OR THE APPROPRIATE SUPERVISOR IS TO CONDUCT A PERFORMANCE EVALUATION FOR EACH HEADQUARTERS STAFF EMPLOYEE AT LEAST ANNUALLY. IN THE CASE OF A NEW EMPLOYEE, AN ADDITIONAL EVALUATION WILL TAKE PLACE UPON COMPLETION OF A PROBATIONARY PERIOD USUALLY SIX MONTHS AFTER THE DATE OF EMPLOYMENT OR AS AGREED TO BY THE EXECUTIVE DIRECTOR AND THE NEW EMPLOYEE. THESE EVALUATIONS ARE TO BE RECORDED AND BE AVAILABLE TO THE EXECUTIVE COMMITTEE FOR REVIEW, IF DESIRED. IF PERFORMANCE IS BELOW STANDARD, A CORRECTIVE INTERVIEW MUST BE HELD AS SOON AS POSSIBLE.

THE EXECUTIVE COMMITTEE FUNCTIONS AS A PERFORMANCE REVIEW COMMITTEE CHARGED WITH ANNUALLY REVIEWING AND SETTING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THIS REVIEW WILL TAKE PLACE AT THE LAST MEETING OF THE YEAR OF THE AAPM BOARD OF DIRECTORS. THE CURRENT PRESIDENT WILL COMMUNICATE TO THE

Name of the organization AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE	Employer identification number 23-7057224
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EXECUTIVE DIRECTOR THE RESULTS OF THE PERFORMANCE REVIEW AND THE
 COMPENSATION STATUS FOR THE COMING YEAR. THE TREASURER IS RESPONSIBLE FOR
 COMMUNICATING THE EXECUTIVE DIRECTOR'S SALARY TO THE HUMAN RESOURCES
 DIRECTOR'S OFFICE AT AIP.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
 OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
 NET UNREALIZED LOSSES ON INVESTMENTS: -125,312.

FORM 990, PART XII, LINE 2C
 THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
 SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL
 STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 6
 THE NUMBER OF VOLUNTEERS
 ALL VOLUNTEERS ARE LISTED IN THE ORGANIZATION'S DATA BASE OF
 COMMITTEES. AN SQL QUERY WAS WRITTEN TO EXTRACT THE EXACT COUNT OF
 VOLUNTEERS SERVING ON THESE COMMITTEES.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE** Employer identification number **23-7057224**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN COLLEGE OF MEDICAL PHYSICS - 57-0824583, ONE PHYSICS ELLIPSE, COLLEGE PARK, MD 20740-3846	EDUCATION	MARYLAND	501(C)(6)		N/A		X
COMMISSION ON ACCREDITATION OF MEDICAL PHYSICS EDUCATION PROGRAMS - 54-17482, ONE PHYSICS ELLIPSE, COLLEGE PARK, MD	EDUCATION	MARYLAND	501(C)(3)	9	N/A		X

AMERICAN ASSOCIATION OF PHYSICISTS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF MEDICAL PHYSICS COMMISSION ON ACCREDITATION OF MEDICAL	K	79,250.	CASH
(2) PHYSICS EDUCATION PROGRAMS	K	80,150.	CASH
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COMMISSION ON ACCREDITATION OF MEDICAL PHYSICS EDUCATION

PROGRAMS

EIN: 54-1748225

ONE PHYSICS ELLIPSE

COLLEGE PARK, MD 20740-3846

DRAFT

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
7	FURNITURE & FIXTURE	VARIOUS	VAR	5.00		HY16	173,241.				173,241.	172,029.		477.	172,506.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						173,241.				173,241.	172,029.		477.	172,506.
	MACHINERY & EQUIPMENT														
2	EQUIPMENT AND SOFTWARE	VARIOUS	VAR	3.00		HY16	545,296.				545,296.	387,333.		48,074.	435,407.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						545,296.				545,296.	387,333.		48,074.	435,407.
	MANAGEMENT AND GENERAL														
1	CAPITAL LEASE	VARIOUS	VAR	5.00		HY16	25,638.				25,638.	5,599.		5,127.	10,726.
4	LEASEHOLD IMPROVEMENTS	VARIOUS	VAR	10.00		HY16	387,333.				387,333.	381,732.		5,601.	387,333.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						412,971.				412,971.	387,331.		10,728.	398,059.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,131,508.				1,131,508.	946,693.		59,279.	1,005,972.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

2012

Department of the Treasury
Internal Revenue Service

(Keep for your records. Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2011 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	194,825.
c	2012 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	194,840.
		ADJUSTED TO	

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11	06/15/12	09/17/12	12/17/12
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	97,420.	48,710.	48,710.
13	2011 Overpayment (see instructions)	13	28,772.		
14	Payment due. (Subtract line 13 from line 12.)	14	68,648.	48,710.	48,710.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2012)

ESTIMATED TAX	194,840.
OVERPAYMENT APPLIED	28,772.
AMOUNT DUE	166,068.

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

For calendar year 2011 or other tax year beginning _____, and ending _____

2011

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

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE Number, street, and room or suite no. If a P.O. box, see instructions. ONE PHYSICS ELLIPSE City or town, state, and ZIP code COLLEGE PARK, MD 20740	D Employer identification number (Employees' trust, see instructions.) 23-7057224 E Unrelated business activity codes (See instructions.) 541800
C Book value of all assets at end of year 12547218.	F Group exemption number (See instructions.) _____ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. **▶ ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. _____

J The books are in care of **▶ ANGELA R. KEYSER, C/O AAPM** Telephone number **▶ (301) 209-3350**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	372,200.	994,627.
12 Other income (See instructions; attach schedule.) STATEMENT 1	12	161,300.	161,300.
13 Total. Combine lines 3 through 12	13	372,200.	1,155,927.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15
16 Repairs and maintenance			16
17 Bad debts			17
18 Interest (attach schedule)			18
19 Taxes and licenses			19 51,525.
20 Charitable contributions (See instructions for limitation rules.)			20
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion			23
24 Contributions to deferred compensation plans			24
25 Employee benefit programs			25
26 Excess exempt expenses (Schedule I)			26
27 Excess readership costs (Schedule J)			27 355,846.
28 Other deductions (attach schedule) SEE STATEMENT 2			28 174,540.
29 Total deductions. Add lines 14 through 28			29 581,911.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30 574,016.
31 Net operating loss deduction (limited to the amount on line 30)			31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32 574,016.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)			33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34 573,016.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34		35c	194,825.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	194,825.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	194,825.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	194,825.
44a Payments: A 2010 overpayment credited to 2011	44a		
b 2011 estimated tax payments	44b	80,000.	
c Tax deposited with Form 8868	44c	143,597.	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g		
45 Total payments. Add lines 44a through 44g		45	223,597.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	28,772.
49 Enter the amount of line 48 you want: Credited to 2012 estimated tax 28,772. Refunded		49	0.

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

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here
 Signature of officer _____ Date _____ **EXECUTIVE DIRECTOR**
 Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **YONG ZHANG, CPA**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P01249785**
 Firm's name: **MCGLADREY & PULLEN, LLP** Firm's EIN: **42-0714325**
 Firm's address: **8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205** Phone no.: **703-336-6400**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			0.	0.
Total dividends-received deductions included in column 8 ▶			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals ▶			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT 3						
Totals (carry to Part II, line (5))	1,366,827.	372,200.	994,627.	1,399,151.	1,754,997.	355,846.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	1,366,827.	372,200.				355,846.
Totals, Part II (lines 1-5)	1,366,827.	372,200.				355,846.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

FEEs FOR SERVICES PROVIDED TO OTHER ORGANIZATIONS

161,300.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

161,300.

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FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

SHARED MANAGEMENT FEES

174,540.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

174,540.

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FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED STATEMENT 3
ON A CONSOLIDATED BASIS

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS
MEDICAL PHYSICS JOURNAL	969,989.	309,957.	1,399,151.	992,930.
NEWSLETTER	50,900.	7,080.	0.	29,976.
PLACEMENT SERVICE	314,838.	48,943.	0.	9,978.
WEB	31,100.	6,220.	0.	722,113.
TO FM 990-T, SCH J, PART I	1,366,827.	372,200.	1,399,151.	1,754,997.

DRAFT

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

FORM **990-T**

2011

Name **AMERICAN ASSOCIATION OF PHYSICISTS
IN MEDICINE**

Employer identification number
23-7057224

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	194,825.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	194,825.
4 Enter the tax shown on the corporation's 2010 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	59,129.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	59,129.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/11	06/15/11	09/15/11	12/15/11
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	14,782.	14,783.	14,782.	14,782.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	20,000.	20,000.	20,000.	20,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		5,218.	10,435.	15,653.
13 Add lines 11 and 12	13		25,218.	30,435.	35,653.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	20,000.	25,218.	30,435.	35,653.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	5,218.	10,435.	15,653.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20	Number of days from due date of installment on line 9 to the date shown on line 19	20			
21	Number of days on line 20 after 4/15/2011 and before 7/1/2011	21			
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\%}{365}$	22	\$	\$	\$
23	Number of days on line 20 after 06/30/2011 and before 10/1/2011	23			
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\%}{365}$	24	\$	\$	\$
25	Number of days on line 20 after 9/30/2011 and before 1/1/2012	25			
26	Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27	Number of days on line 20 after 12/31/2011 and before 4/1/2012	27			
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28	\$	\$	\$
29	Number of days on line 20 after 3/31/2012 and before 7/1/2012	29			
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31	Number of days on line 20 after 6/30/2012 and before 10/01/2012	31			
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33	Number of days on line 20 after 9/30/2012 and before 1/1/2013	33			
34	Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35	Number of days on line 20 after 12/31/2012 and before 2/16/2013	35			
36	Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.