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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

SEE SCHEDULE O

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 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 \$ 86,500,606 including grants of \$ ) (Revenue \$ 10,000 )

THE ASSESSMENT PROGRAM PROVIDES COGNITIVE ASSESSMENTS AND RELIABLE INFORMATION ON STUDENT PROGRESS THAT ALLOWS EDUCATORS TO BETTER HELP EACH CHILD ACHIEVE IN SCHOOL IT ALSO STUDIES THE VALIDITY OF ASSESSMENTS FOR FEDERAL, STATE, AND LOCAL EDUCATION AGENCIES THE INFORMATION AND ANALYSES ENABLE SCHOOLS AND OVERSIGHT AGENCIES TO MEASURE COMPLIANCE WITH THE RIGOROUS REQUIREMENTS OF FEDERAL AND STATE EDUCATION LAWS THE PROGRAM HAS PIONEERED COMPUTER-ADAPTIVE TESTING AND ALTERNATIVE ASSESSMENT FOR STUDENTS WITH PHYSICAL AND COGNITIVE DISABILITIES TESTING AIR TECHNOLOGY INCLUDES THE ASSESSMENT COMMUNITY'S MOST POWERFUL TOOLS FOR ITEM BANKING AND AN ONLINE TEST DELIVERY-SYSTEM

4b

(Code ) (Expenses \$ 86,116,521 including grants of \$ 260,577 ) (Revenue \$ 504,495 )

AIR'S EDUCATION PROGRAM BRIDGES RESEARCH, EVALUATION POLICY AND PRACTICE TO ENSURE THAT RIGOROUS RESEARCH IS AVAILABLE TO THOSE MAKING CRITICAL DECISIONS WITHIN THE EDUCATION SYSTEM OUR GOAL IS TO IMPROVE EDUCATIONAL OPPORTUNITIES FOR ALL LEARNERS, ESPECIALLY THOSE MOST DISADVANTAGED THE EDUCATION PROGRAM SERVES NATIONAL, STATE, AND LOCAL LEVEL GOVERNMENT, BUSINESS, FOUNDATION AND OTHER AGENCIES IN SEVERAL CONTENT AND CAPACITY AREAS, INCLUDING EARLY LITERACY, DISTRICT AND SCHOOL REFORM AND IMPROVEMENT, EARLY CHILDHOOD, EDUCATION FINANCE, EDUCATION TECHNOLOGY, HIGHER EDUCATION, SPECIAL EDUCATION, ENGLISH LANGUAGE LEARNERS(ELL), EDUCATOR QUALITY, COLLEGE AND CAREER READINESS, STEM EDUCATION, AND EXPANDED LEARNING OPPORTUNITIES ADDITIONALLY, AIR'S EDUCATION PROGRAM COLLECTS, DEVELOPS, AND ANALYZES DOMESTIC AND INTERNATIONAL DATA AND EDUCATION STATISTICS FOR USE BY THAT EDUCATION AND GOVERNMENT DECISION-MAKERS

4c

(Code ) (Expenses \$ 40,532,495 including grants of \$ ) (Revenue \$ 117,335 )

THE AIR HEALTH PROGRAM USES RESEARCH TO CATALYZE CHANGE THAT MAKES COMMUNITIES SAFER AND ENVIRONMENTS HEALTHIER, IMPROVES HEALTHCARE, AND RAISES THE QUALITY OF LIFE THE PROGRAM SPECIALIZES IN HEALTH POLICY RESEARCH, COMMUNICATIONS, AND INFORMATION SCIENCES AND SERVES FEDERAL, STATE, AND LOCAL GOVERNMENTS, FOUNDATIONS, PRIVATE HEALTHCARE PROVIDERS, UNIVERSITIES, AND THE PUBLIC THE PROGRAM'S MULTIDISCIPLINARY HEALTH SERVICES AND POLICY RESEARCH GROUP DESIGNS, IMPLEMENTS AND EVALUATES POLICIES THROUGH BOTH TRADITIONAL RESEARCH METHODS AND TECHNICAL ASSISTANCE THE PROGRAM'S AWARD-WINNING TEAM OF HEALTH COMMUNICATORS HAS DEVELOPED MANY SUCCESSFUL PUBLIC HEALTH CAMPAIGNS TO INCREASE AWARENESS AND PROMOTE HEALTHY BEHAVIORS AMONG DIVERSE POPULATIONS THE PROGRAM'S HEALTH SERVICES INNOVATIONS TEAM ANALYZES AND SUPPORTS THE RANGE OF INNOVATIONS CURRENTLY BEING EVALUATED BY THE FEDERAL GOVERNMENT AND OTHERS

(Code ) (Expenses \$ 28,424,159 including grants of \$ ) (Revenue \$ 11,730 )

AIR'S INTERNATIONAL DEVELOPMENT PROGRAM SEEKS TO ENHANCE THE CAPACITY OF DEVELOPING COUNTRIES TO IMPROVE THEIR QUALITY OF LIFE THROUGH EDUCATION AND SOCIAL DEVELOPMENT IT COLLABORATES WITH LOCAL PARTNERS TO ENSURE CHILDREN'S EQUITABLE ACCESS TO ALL LEVELS OF EDUCATION, IMPROVE THE QUALITY AND RELEVANCE OF EDUCATION, AND EMPOWER INDIVIDUALS, COMMUNITIES, AND INSTITUTIONS AS AGENTS OF SOCIAL AND BEHAVIORAL CHANGE IN MORE THAN 80 COUNTRIES OVER THE PAST THREE DECADES, AIR HAS HELPED STRENGTHEN NATIONAL EDUCATION SYSTEMS, INCREASE COMMUNITY INVOLVEMENT IN LOCAL SCHOOLS, IMPROVE TEACHING AND LEARNING, DEVELOP NEW TECHNIQUES FOR ASSESSING STUDENT PERFORMANCE, INCREASE ACCESS FOR BOTH GIRLS AND BOYS, ACCELERATE EDUCATIONAL REFORM, IMPROVE INFORMATION SYSTEMS, SLOW THE SPREAD OF HIV/AIDS THROUGH BEHAVIOR CHANGE, AND REDUCE THE INCIDENCE OF CHILD LABOR

(Code ) (Expenses \$ 12,871,816 including grants of \$ ) (Revenue \$ 49,892 )

AIR'S HUMAN & SOCIAL DEVELOPMENT PROGRAM PROMOTES THE OVERALL HEALTH AND DEVELOPMENT OF CHILDREN, YOUTH AND FAMILIES, ESPECIALLY THEIR SOCIAL, EMOTIONAL AND MENTAL WELL-BEING, SO THAT THEY MAY THRIVE AT HOME, SCHOOL, WORK AND THE COMMUNITY THESE OUTCOMES ARE REALIZED BY MAKING THE SYSTEMS DELIVERING HUMAN, SOCIAL AND EDUCATIONAL SERVICES MORE EFFECTIVE AND COLLABORATIVE THROUGH RESEARCH AND EVALUATION, TRAINING, TECHNICAL ASSISTANCE AND CAPACITY BUILDING STRATEGIES FOR INDIVIDUALS, THE WORKFORCE AND ORGANIZATIONS STAFF EXPERTISE SPANS PUBLIC HEALTH SYSTEMS, MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, YOUTH LGBT SERVICES, JUVENILE JUSTICE, CHILD WELFARE, EDUCATION, AND SOCIAL AND RECREATIONAL SERVICES

(Code ) (Expenses \$ 2,804,343 including grants of \$ ) (Revenue \$ )

AIR'S ANALYSIS OF LONGITUDINAL DATA IN EDUCATION RESEARCH PROGRAM INFORMS EDUCATION POLICY DEVELOPMENT THROUGH ANALYSES OF DATA ON INDIVIDUAL STUDENTS AND TEACHERS OVER TIME THE PROGRAM FOCUSES ON HOW TEACHER POLICIES, GOVERNANCE POLICIES, AND SOCIAL AND ECONOMIC COMMUNITY CONDITIONS AFFECT OUTCOMES FOR TEACHERS AND THEIR STUDENTS BY CAPITALIZING ON RICH LONGITUDINAL DATA, THE PROGRAM EXPLORES A BREADTH OF CRITICAL EDUCATION ISSUES AND PRESENTS RESEARCH ADVANCEMENTS OF THE HIGHEST QUALITY TO POLICYMAKERS IT ALSO HOUSES THE NATIONAL CENTER FOR ANALYSIS OF LONGITUDINAL DATA IN EDUCATION RESEARCH (CALDER), A SCHOLARLY CONSORTIUM WHOSE OTHER MEMBERS INCLUDE SCHOLARS AT DUKE UNIVERSITY, NORTHWESTERN UNIVERSITY, STANFORD UNIVERSITY, THE UNIVERSITY OF MISSOURI, THE UNIVERSITY OF TEXAS AT DALLAS, AND THE UNIVERSITY OF WASHINGTON

(Code ) (Expenses \$ 25,498 including grants of \$ ) (Revenue \$ 267,175 )

AIR'S FEDERAL STATISTICS PROGRAM WORKS WITH THE NATIONAL CENTER FOR EDUCATION STATISTICS (NCES), WHICH IS THE FEDERAL GOVERNMENT'S PRIMARY SOURCE FOR COLLECTING AND ANALYZING STATISTICAL DATA ABOUT PUBLIC EDUCATION IN THE UNITED STATES AND AROUND THE WORLD THE INFORMATION PROVIDED BY OUR EXPERTS CONTRIBUTES TO THE DEVELOPMENT OF HIGH-QUALITY STATISTICS ABOUT EDUCATION THAT INFORM DISCUSSION AND DEBATE AT THE DECISION-MAKING LEVELS OF NATIONAL, STATE AND LOCAL GOVERNMENTS

4d

Other program services (Describe in Schedule O )

(Expenses \$ 44,125,816 including grants of \$ ) (Revenue \$ 328,797 )


















4e

Total program service expenses

257,275,438

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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> . . . . .	21	Yes	
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> . . . . .	22		No
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> . . . . .	23	Yes	
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> . . . . .	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
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> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> . . . . .	26		No
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> . . . . .	27		No
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> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
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> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
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> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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?	Yes	
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? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?	Yes	
b	If "Yes," enter the name of the foreign country: EG, HO, MI, PK, ZA, ET, LI, KE, IV, BR. 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
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?		
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?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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?		No
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 lines 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	13	
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	11	
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
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	Yes
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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, CA, CO, CT, FL, IL, KS, MA, MI, MN, MO, NJ, NM, NY, NC, OK, OR, PA, RI, TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MARIJO AHLGRIMM 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC (202) 403-5000

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA GURIN BOARD MEMBER, BOARD CHAIR	6 00	X		X				56,250	0	0
(2) GREG BARONI BD MEMBER, BD CMTE CHAIR	5 00	X						42,500	0	0
(3) LAWRENCE BOBO BD MEMBER, BD VICE CHAIR	5 00	X		X				41,250	0	0
(4) SARA B KIESLER BD MEMBER, BD CMTE CHAIR	5 00	X						44,656	0	0
(5) KATHY MCKINLESS BD MEMBER, BD CMTE CHAIR	5 00	X						40,591	0	0
(6) ROBERT F BORUCH BOARD MEMBER	10	X						21,250	0	0
(7) NANCY CANTOR BOARD MEMBER	2 00	X						21,250	0	0
(8) EDWARD HAMBURG BOARD MEMBER	2 00	X						28,613	0	0
(9) DELANO LEWIS BOARD MEMBER	2 00	X						30,000	0	0
(10) ANDREW LIAKOPOULOS BOARD MEMBER	2 00	X						26,250	0	0
(11) MANUEL PASTOR CHF CONTRACTS/GRANTS OFFICER	2 00	X						2,500	0	0
(12) SOL PELAVIN BD MEMBER, BD CMTE CHAIR, FMR PRES	6 00	X						42,500	0	0
(13) DAVID MYERS BOARD MEMBER, PRES /CEO	38 00 2 00	X		X				736,668	46,188	155,585
(14) MARIJO AHLGRIMM TREASURER, SR VP AND CFO	38 00 2 00			X				438,800	27,511	72,444
(15) DONA KILPATRICK SECRETARY	38 00 2 00			X				204,560	12,825	49,096
(16) MICHAEL KANE EXECUTIVE VICE PRESIDENT	38 00 2 00				X			642,300	38,824	71,788
(17) JON COHEN EXEC VICE PRESIDENT & DIRECTOR	37 00 3 00				X			577,963	40,841	164,485



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GINA BURKHARDT EXEC VICE PRESIDENT & DIRECTOR	37 00 3 00				X			441,464	31,196	96,836
(19) MARK FANNING SR VICE PRESIDENT	38 00 2 00				X			378,231	22,863	53,738
(20) THOMAS JESULAITIS CHF CONTRACTS/GRANTS OFFICER	38 00 2 00				X			198,738	12,013	65,498
(21) MARILYN MOON SR VICE PRESIDENT	37 00 3 00				X			371,632	26,261	54,241
(22) JANE BENBOW VICE PRESIDENT & DIRECTOR	40 00 0 00				X			330,465	0	36,063
(23) STEPHEN KROMER VICE PRESIDENT & EXECUTIVE DIRECTOR	37 00 3 00				X			478,973	33,847	64,750
(24) MARK KUTNER SR VICE PRESIDENT	38 00 2 00					X		376,603	22,764	80,482
(25) LAURA SALGANIK SR VICE PRESIDENT	37 00 3 00					X		339,665	24,003	77,419
(26) CHERYL VINCE WHITMAN SR VICE PRES & PROG DIRECTOR	37 00 3 00					X		391,801	27,686	97,502
(27) JANE HANNAWAY VICE PRES & CENTER DIRECTOR	37 00 3 00					X		322,867	22,814	66,928
(28) GARY PHILLIPS VICE PRESIDENT	37 00 3 00					X		403,386	28,504	44,787
(29) GEROGЕ BOHRNSTEDT FORMER SR VICE PRESIDENT	24 00 2 00						X	220,961	15,614	71,099
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								7,252,687	433,754	1,322,741

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▶331

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

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
DATA RECOGNITION CORP M177 PO BOX 1150 MINNEAPOLIS MN 554801150		PRINT, SCORE, AND DIST OF TEST REPORTS	18,644,088
PEARSON EDUC MEASUREMENTNCS PEARSON I 13036 COLLECTION CTR DR CHICAGO IL 60693		PRINT, SCORE, AND DIST OF TEST REPORTS	18,116,029
THE CORKERY GROUP 260 FIFTH AVENUE NEW YORK NY 10001		SEE SCHEDULE O	2,889,575
RACKSPACE US INC P O BOX 730759 DALLAS TX 753730759		SEE SCHEDULE O	1,747,366
NATL FED OF FAMILIES-CHLDRN'S MENTAL HEA 9605 MED CTR DR 280 ROCKVILLE MD 20850		SEE SCHEDULE O	1,638,361
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 ▶143		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	280,766,451			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,868,050			
	g	Noncash contributions included in lines 1a-1f \$		676,059			
	h	Total. Add lines 1a-1f . . . . .		310,634,501			
Program Service Revenue			Business Code				
	2a	SPEAKING FEES	900099	515,406	515,406		
	b	PROVISION OF VAR SERV	900099	267,175	267,175		
	c	CONFERENCE FEES	900099	178,046	178,046		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		960,627			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,780,175		2,780,175	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .		1,574		1,574	
	6a	(i) Real					
		(ii) Personal					
	b	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities					
		(ii) Other					
	b	Gross amount from sales of assets other than inventory	65,925,901				
	b	Less cost or other basis and sales expenses	65,666,490				
	c	Gain or (loss)	259,411				
	d	Net gain or (loss) . . . . .		259,411		259,411	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . .					
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		314,636,288	960,627	0	3,041,160	

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)				
Check if Schedule O contains a response to any question in this Part IX <input checked="" type="checkbox"/>				
	(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	185,577	185,577		
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	75,000	75,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,029,590	2,074,558	3,955,032	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,380,820	1,251,149	129,671	
7 Other salaries and wages	106,342,007	90,856,585	12,273,696	3,211,726
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,443,538	6,826,904	1,359,524	257,110
9 Other employee benefits . . . . .	10,646,587	8,348,562	1,994,248	303,777
10 Payroll taxes . . . . .	7,148,257	5,952,401	979,628	216,228
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	960,383		960,383	
c Accounting . . . . .	353,817		353,817	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17	529,517			529,517
f Investment management fees . . . . .	397,941		397,941	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	101,290,573	97,704,616	3,585,957	
12 Advertising and promotion . . . . .	242,450	242,450		
13 Office expenses . . . . .	11,741,539	9,971,896	1,609,075	160,568
14 Information technology . . . . .	5,314,839	4,393,472	848,888	72,479
15 Royalties . . . . .				
16 Occupancy . . . . .	15,325,649	11,997,321	2,949,188	379,140
17 Travel . . . . .	9,472,018	8,393,421	860,387	218,210
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	3,038,125	2,740,016	224,999	73,110
20 Interest . . . . .	101		101	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	2,561,752	1,952,995	543,241	65,516
23 Insurance . . . . .	454,344	266,023	184,741	3,580
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 PRINTING - PRG MATERIAL	2,484,871	2,484,871		
b TRAINING	1,557,621	1,557,621		
c CONTINGENCIES	755,178		755,178	
d CONTRACT ACQUISITIONS	100,562		100,562	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	296,832,656	257,275,438	34,066,257	5,490,961
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)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .		13,620,003	1	18,089,827
	2	Savings and temporary cash investments . . . . .			2	
	3	Pledges and grants receivable, net . . . . .			3	
	4	Accounts receivable, net . . . . .		58,986,923	4	72,259,065
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			6	
	7	Notes and loans receivable, net . . . . .		50,777	7	102,454
	8	Inventories for sale or use . . . . .			8	
	9	Prepaid expenses and deferred charges . . . . .		2,605,369	9	3,683,973
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	36,892,610		
	b	Less: accumulated depreciation . . . . .	10b	22,184,571	10c	14,708,039
	11	Investments—publicly traded securities . . . . .		88,674,659	11	105,198,228
	12	Investments—other securities. See Part IV, line 11 . . . . .		14,490,046	12	18,225,911
	13	Investments—program-related. See Part IV, line 11 . . . . .			13	
	14	Intangible assets . . . . .			14	
	15	Other assets. See Part IV, line 11 . . . . .		9,278,647	15	7,125,367
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		198,648,393	16	239,392,864
Liabilities	17	Accounts payable and accrued expenses . . . . .		45,929,246	17	51,710,072
	18	Grants payable . . . . .			18	
	19	Deferred revenue . . . . .		17,315,692	19	23,022,819
	20	Tax-exempt bond liabilities . . . . .			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		9,182,979	25	13,960,954
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		72,427,917	26	88,693,845
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		126,220,476	27	150,699,019
	28	Temporarily restricted net assets . . . . .			28	
	29	Permanently restricted net assets . . . . .			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b> . . . . .		126,220,476	33	150,699,019
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .		198,648,393	34	239,392,864

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	314,636,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	296,832,656
3	Revenue less expenses Subtract line 2 from line 1	3	17,803,632
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,220,476
5	Net unrealized gains (losses) on investments	5	6,674,911
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	150,699,019

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA GURIN BOARD MEMBER, BOARD CHAIR	6 00	X		X				56,250	0	0
GREG BARONI BD MEMBER, BD CMTE CHAIR	5 00	X						42,500	0	0
LAWRENCE BOBO BD MEMBER, BD VICE CHAIR	5 00	X		X				41,250	0	0
SARA B KIESLER BD MEMBER, BD CMTE CHAIR	5 00	X						44,656	0	0
KATHY MCKINLESS BD MEMBER, BD CMTE CHAIR	5 00	X						40,591	0	0
ROBERT F BORUCH BOARD MEMBER	10	X						21,250	0	0
NANCY CANTOR BOARD MEMBER	2 00	X						21,250	0	0
EDWARD HAMBURG BOARD MEMBER	2 00	X						28,613	0	0
DELANO LEWIS BOARD MEMBER	2 00	X						30,000	0	0
ANDREW LIAKOPOULOS BOARD MEMBER	2 00	X						26,250	0	0
MANUEL PASTOR CHF CONTRACTS/GRANTS OFFICER	2 00	X						2,500	0	0
SOL PELAVIN BD MEMBER, BD CMTE CHAIR, FMR PRES	6 00	X						42,500	0	0
DAVID MYERS BOARD MEMBER, PRES /CEO	38 00 2 00	X		X				736,668	46,188	155,585
MARIJO AHLGRIMM TREASURER, SR VP AND CFO	38 00 2 00			X				438,800	27,511	72,444
DONA KILPATRICK SECRETARY	38 00 2 00			X				204,560	12,825	49,096
MICHAEL KANE EXECUTIVE VICE PRESIDENT	38 00 2 00				X			642,300	38,824	71,788
JON COHEN EXEC VICE PRESIDENT & DIRECTOR	37 00 3 00				X			577,963	40,841	164,485
GINA BURKHARDT EXEC VICE PRESIDENT & DIRECTOR	37 00 3 00				X			441,464	31,196	96,836
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MARILYN MOON SR VICE PRESIDENT	37 00 3 00				X			371,632	26,261	54,241
JANE BENBOW VICE PRESIDENT & DIRECTOR	40 00 0 00				X			330,465	0	36,063
STEPHEN KROMER VICE PRESIDENT & EXECUTIVE DIRECTOR	37 00 3 00				X			478,973	33,847	64,750
MARK KUTNER SR VICE PRESIDENT	38 00 2 00					X		376,603	22,764	80,482
LAURA SALGANIK SR VICE PRESIDENT	37 00 3 00					X		339,665	24,003	77,419

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL VINCE WHITMAN SR VICE PRES & PROG DIRECTOR	37 00 3 00					X		391,801	27,686	97,502
JANE HANNAWAY VICE PRES & CENTER DIRECTOR	37 00 3 00					X		322,867	22,814	66,928
GARY PHILLIPS VICE PRESIDENT	37 00 3 00					X		403,386	28,504	44,787
GEROGE BOHRNSTEDT FORMER SR VICE PRESIDENT	24 00 2 00						X	220,961	15,614	71,099

SCHEDULE A

(Form 990 or 990EZ)

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

2012

Open to Public  
Inspection

Name of the organization AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	Employer identification number  25-0965219
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><b>a</b> <input type="checkbox"/> Type I   <b>b</b> <input type="checkbox"/> Type II   <b>c</b> <input type="checkbox"/> Type III - Functionally integrated   <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated</div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><b>(i)</b> 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? <b>(ii)</b> A family member of a person described in (i) above? <b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?</div>
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. 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			▶
b 10%-facts-and-circumstances test—2011. 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			▶
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			▶

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	301,324,174	298,916,726	273,951,804	275,772,480	310,634,501	1,460,599,685
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	644,304	686,062	926,419	719,876	960,627	3,937,288
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	301,968,478	299,602,788	274,878,223	276,492,356	311,595,128	1,464,536,973
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				2,790,540	2,303,510	5,094,050
c Add lines 7a and 7b				2,790,540	2,303,510	5,094,050
8 Public support (Subtract line 7c from line 6.)						1,459,442,923

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	301,968,478	299,602,788	274,878,223	276,492,356	311,595,128	1,464,536,973
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,820,770	3,001,104	3,007,091	2,552,824	2,781,749	13,163,538
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10,345					10,345
c Add lines 10a and 10b	1,831,115	3,001,104	3,007,091	2,552,824	2,781,749	13,173,883
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	303,799,593	302,603,892	277,885,314	279,045,180	314,376,877	1,477,710,856
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98 760 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 170 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 890 %	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 810 %	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
AMERICAN INSTITUTES FOR RESEARCH IN THE  
BEHAVIORAL SCIENCES

Employer identification number  
  
25-0965219

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) 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

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

c

Temporarily restricted endowment

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)		
3a(ii)		
3b		

b

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

4

Describe in Part XIII 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 . . . . .		21,514,446	11,434,972	10,079,474
d Equipment . . . . .		10,058,964	6,941,493	3,117,471
e Other . . . . .		5,319,200	3,808,106	1,511,094
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,708,039



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

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

Identifier	Return Reference	Explanation
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SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN INSTITUTES FOR RESEARCH IN THE  
BEHAVIORAL SCIENCES

Employer identification number  
25-0965219

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. 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

For grantmakers. Describe in Part V the organization’s procedures for monitoring the use of grant funds outside the United States.

3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	3	103	PROGRAM SERVICES	SEE SCHEDULE F, PART V	5,582,242
MIDDLE EAST AND NORTH AFRICA	6	123	PROGRAM SERVICES	SEE SCHEDULE F, PART V	3,845,993
SOUTH ASIA	4	281	PROGRAM SERVICES	SEE SCHEDULE F, PART V	5,806,893
SUB-SAHARAN AFRICA	7	165	PROGRAM SERVICES	SEE SCHEDULE F, PART V	4,444,451
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		5,153,772
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		12,026,922
EAST ASIA AND THE PACIFIC			INVESTMENTS		155,267
SUB-SAHARAN AFRICA			INVESTMENTS		300,616
NORTH AMERICA			INVESTMENTS		115,535
SOUTH AMERICA			INVESTMENTS		8,278
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		28,864
3a Sub-total	20	672			37,316,156
b Total from continuation sheets to Part I	0	0			152,677
c Totals (add lines 3a and 3b)	20	672			37,468,833



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . 1

3 Enter total number of other organizations or entities . . . . . 0



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

## Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
AMERICAN INSTITUTES FOR RESEARCH IN THE  
BEHAVIORAL SCIENCES

Employer identification number  
  
25-0965219

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Internet and email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CARLA WOJNAROSKI 2062 BEACON HEIGHTS DR  RESTON, VA 20191	SEE SCHEDULE G, PART IV		No	0	32,758	-32,758
NINA R ETYEMEZIAN 3221 VALLEY DR  ALEXANDRIA, VA 22302	SEE SCHEDULE G, PART IV		No	0	24,256	-24,256
GINA R HIJJAWI 2251 EISENHOWER AVE APT 1211  ALEXANDRIA, VA 22314	SEE SCHEDULE G, PART IV		No	0	22,075	-22,075
BOSS GROUP 4550 EAST WEST HIGHWAY SUITE 307  BETHESDA, MD 20814	SEE SCHEDULE G, PART IV		No	0	21,391	-21,391
STEPHEN C SILCOX 3445 N EDISON ST  ARLINGTON, VA 22207	SEE SCHEDULE G, PART IV		No	0	19,545	-19,545
TAMARA J DUGGLEBY 3001 VEAZEY TERR 1414  WASHINGTON, DC 20008	SEE SCHEDULE G, PART IV		No	0	19,024	-19,024
LINDA SCHUCH 1626 WAVERLY CIRCLE  ST CHARLES, IL 60174	SEE SCHEDULE G, PART IV		No	0	16,512	-16,512
LORETTA W BLANKS 214 WEST 12TH STREET  WASHINGTON, NC 27889	SEE SCHEDULE G, PART IV		No	0	14,339	-14,339
SCHOLASTICA WILLIAMS P O BOX 60281  GABORONE, BC	SEE SCHEDULE G, PART IV		No	0	12,731	-12,731
VITRUVIAN CONSULTING LLC 1348 EUCLID ST NW UNIT 407  WASHINGTON, DC 20009	SEE SCHEDULE G, PART IV		No	0	11,772	-11,772
Total . . . . . ▶					194,403	-194,403

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . .			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment . . . .			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>	
<b>b</b> An outside facility . . . . .	<b>13b</b>	

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
	SCHEDULE G, PART 1, LINE 2B, COLUMN(II)	PROVIDING TECHNICAL SUPPORTS ON GRANT AND AWARD APPLICATIONS

Schedule I (Form 990)  <small>Department of the Treasury Internal Revenue Service</small>	<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990</div>	OMB No 1545-0047
		2012
		Open to Public Inspection
Name of the organization AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES		Employer identification number 25-0965219

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN EDUCATIONAL RESEARCH ASSOCIATION(AERA) 1430 K STREET NW STE 1200 WASHINGTON,DC 20005	23-7003537	501(C)(3)	12,857				CONTRIBUTION FOR AERA RECEPTION AND 9TH ANNUAL BROWN LECTURE
(2) CURRIKI 20660 STEVENS CREEK BLVD NO 332 CUPERTINO,CA 95014	20-3478467	501(C)(3)	15,000				SEE SCHEDULE I, PART IV
(3) EDUCATION WRITERS ASSOC 2122 P STREET NW SUITE 201 WASHINGTON,DC 20037	23-7439790	501(C)(3)	25,000				CONTRIBUTION TO EWA 66TH NATIONAL SEMINAR
(4) GEORGE WASHINGTON UNIVERSITY 2134 G STREET NW WASHINGTON,DC 20052	53-0196584	501(C)(3)	60,000				CONTRIBUTION FOR EXPENSES OF THE D C EDUCATION CONSORTIUM FOR RESEARCH AND EVALUATION
(5) NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION 2121 CRYSTAL DRIVE SUITE 330 ARLINGTON,VA 22202	46-0282694	501(C)(3)	10,000				SEE SCHEDULE I, PART IV
(6) HECHINGER INSTITUTE ON EDUCATION AND MEDIA TEACHERS COLLEGE COLUMBIA UNIV 525 W 120 STREET BOX 127 NEW YORK,NY 10027	13-1624202	501(C)(3)	20,000				GENERAL SPONSORSHIP OF THE HECHINGER REPORT
(7) DEWORM THE WORLD INC 30 WADSWORTH STREET E53-320 CAMBRIDGE,MA 02142	26-3455539	501(C)(3)		8,274 FMV		ALLOCATED SHARE OF FACILITY/IT COSTS	OFFICE SUPPORT FOR FACILITY/IT SERVICES



**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

**Part IV**

**Supplemental Information.**

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AIR'S GRANTS ARE UNRESTRICTED CONTRIBUTIONS OF RELATIVELY MINOR AMOUNTS AND AS SUCH DO NOT REQUIRE ONGOING MONITORING
PART II, LINE 1, COLUMN(H)	PURPOSE OF GRANT	NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION - SPONSORSHIP OF LEGISLATIVE CONFERENCE RECEPTION AND ANNUAL CONFERENCE CURRIKI - TO SUPPORT CURRIKI'S MISSION OF PROVIDING HOSTED SERVICES THAT SUPPORT THE CREATION AND DISTRIBUTION OF FREE, HIGH QUALITY, AND OPEN EDUCATIONAL RESOURCES IN ORDER TO REMOVE BARRIERS TO KNOWLEDGE FOR ALL

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Employer identification number  
25-0965219

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		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in 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	Yes
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	Yes
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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	No
b	Any related organization?	5b	No
	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	No
b	Any related organization?	6b	No
	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	Yes
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	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

**Part III** Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	OFFICER AND KEY EMPLOYEE TRAVEL IS PURCHASED USING COMPANY-BILLED CREDIT CARDS UPON COMPLETION OF TRAVEL, CREDIT CARD CHARGES ARE RECONCILED AND REVIEWED FOR COMPLETENESS OF SUBSTANTIATION IN ACCORDANCE WITH AN ACCOUNTABLE PLAN. SINCE THE TRAVEL IS ACCOUNTED FOR UNDER AN ACCOUNTABLE PLAN, IT IS NOT CLASSIFIED AS TAXABLE INCOME. ANY TRAVEL FOR COMPANIONS IS APPROVED ON AN EXCEPTION BASIS AND IS GENERALLY DE MINIMIS AND ALSO REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL. GROSS-UP PAYMENTS ARE APPLICABLE TO TAXABLE COMPONENTS OF RELOCATION BENEFITS AND EXECUTIVE MEDICAL BENEFIT, PURSUANT TO POLICY. IN 2012, AIR ALSO PAID FOR COBRA COVERAGE FOR AN EXECUTIVE, INCLUDING APPLICABLE GROSS-UP TAX ASSISTANCE, IN ACCORDANCE WITH THE SEPARATION AGREEMENT.
	PART I, LINES 4A-B	MICHAEL KANE SEVERANCE PAYMENT OF \$33,600. PART 1, LINE 4B: THE FOLLOWING INDIVIDUALS, ALONG WITH OTHER EXECUTIVES, PARTICIPATED IN A NON-QUALIFIED COMPENSATION PLAN PROVIDING CERTAIN KEY EMPLOYEES WITH THE ANNUAL EQUIVALENT OF THE RETIREMENT CONTRIBUTIONS THEY WOULD HAVE RECEIVED HAD THEY BEEN ELIGIBLE TO FULLY PARTICIPATE IN THE COMPANY'S DEFINED CONTRIBUTION PENSION PLAN. THE PLAN WAS FIRST ESTABLISHED ON 1/1/1996 TO ALLOW DISCRETIONARY CONTRIBUTIONS TO BE MADE TO THE PLAN BY AIR ON BEHALF OF A SELECT GROUP OF MANAGEMENT OR HIGHLY-COMPENSATED EMPLOYEES. THE ELIGIBLE EMPLOYEES ARE EMPLOYEES DESIGNATED FROM TIME TO TIME BY THE PRESIDENT, WITH THE APPROVAL OF THE COMPENSATION COMMITTEE OF THE AIR BOARD OF DIRECTORS, WHO ARE IN "A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES" OF AIR. THE PLAN PARTICIPANTS ALSO AGREE TO VESTING PARAMETERS BASED ON APPLICABLE CIRCUMSTANCE AND SERVICE AGREEMENTS. DEFERRED COMPENSATIONS AWARDS (EARNED BUT UNPAID) DURING 2012: MARIJO AHLGRIMM \$ 33,959; GINA BURKHARDT \$ 34,400; JON COHEN \$ 80,000; STEPHEN KROMER \$ 22,500; DAVID MYERS \$ 109,538; CHERYL VINCE WHITMAN \$ 33,996.
	PART I, LINE 7	SENIOR OFFICERS PARTICIPATE IN AN EXECUTIVE INCENTIVE PLAN, WHICH PROVIDES FOR INCENTIVE PAYMENTS BASED ON INDIVIDUAL AND ORGANIZATION PERFORMANCE. DIRECTORS OF THE BOARD DO NOT PARTICIPATE IN BONUS OR INCENTIVE PLANS, WITH THE EXCEPTION OF DAVID MYERS IN HIS CEO CAPACITY PARTICIPATE IN THE EXECUTIVE INCENTIVE PLAN. NON-SENIOR OFFICERS, NON-OFFICER HIGHLY COMPENSATED AND KEY EMPLOYEES MAY RECEIVE BONUSES UNDER AIR'S PERFORMANCE BONUS PROGRAM, WHICH IS A DISCRETIONARY BONUS PROGRAM DESIGNED TO RECOGNIZE EXCEPTIONAL PERFORMANCE.
SUPPLEMENTAL INFORMATION	PART III	PART II COLUMN B(III): THE AMOUNTS REPORTED IN COLUMN B(III) FOR MR. MICHAEL KANE INCLUDE A SEVERANCE PAYMENT OF \$33,600, COBRA BENEFITS OF \$30,042, RETENTION PAYMENTS OF \$6,205, AND PAYMENTS OF \$24,374 MADE PURSUANT TO THE AFOREMENTIONED NON-QUALIFIED COMPENSATION (SEE SCHEDULE J, PART III SUPPLEMENTAL INFORMATION FOR SCHEDULE J, PART I, LINE 4B). ADDITIONALLY, MR. MICHAEL KANE EXCHANGED PREVIOUSLY EARNED, BUT UNTAKEN, PTO FOR CASH, TOTALING \$316,306. PART II, COLUMN C: AMOUNTS REPORTED IN COLUMN C REPRESENT AIR'S PAYMENTS TO THE DEFINED CONTRIBUTION PENSION PLAN AS WELL AS THE ANNUAL ACCRUAL OF CURRENT AND PRIOR YEAR CONTRIBUTIONS TO A NON-QUALIFIED DEFERRED COMPENSATION PLAN TO COVER CERTAIN KEY EXECUTIVES OTHERWISE INELIGIBLE TO FULLY PARTICIPATE IN THE COMPANY'S DEFINED CONTRIBUTION PLAN. CONTRIBUTIONS TO THE PLAN PROVIDE THE EXECUTIVES WITH THE ANNUAL EQUIVALENT OF THE RETIREMENT CONTRIBUTION THEY WOULD HAVE RECEIVED HAD THEY BEEN ELIGIBLE TO FULLY PARTICIPATE IN THE DEFINED CONTRIBUTION PENSION PLAN PURSUANT TO PLAN TERMS, AMOUNTS REMAIN IN THE DEFERRED PLAN UNTIL THEY BECOME FULLY VESTED. PART II COLUMN D: NONTAXABLE BENEFITS REPRESENT AIR'S PREMIUM PAYMENTS FOR CERTAIN FRINGE BENEFIT OFFERINGS GENERALLY AVAILABLE TO ALL OF ITS EMPLOYEES, INCLUDING HEALTH INSURANCE, LONG-TERM DISABILITY, DENTAL INSURANCE, VISION INSURANCE, AND LONG-TERM CARE INSURANCE.

Software ID:  
Software Version:  
EIN: 25-0965219  
Name: AMERICAN INSTITUTES FOR RESEARCH IN THE  
BEHAVIORAL SCIENCES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID MYERS	(i)	496,408	188,200	52,060	124,248	22,158	883,074	0
	(ii)	31,124	11,800	3,264	7,790	1,389	55,367	0
MARIJO AHLGRIMM	(i)	315,088	75,280	48,432	50,681	17,489	506,970	0
	(ii)	19,755	4,720	3,036	3,177	1,097	31,785	0
DONA KILPATRICK	(i)	201,129	219	3,212	26,650	19,550	250,760	0
	(ii)	12,610	14	201	1,671	1,225	15,721	0
MICHAEL KANE	(i)	185,147	61,740	395,413	47,150	20,546	709,996	0
	(ii)	11,191	3,732	23,901	2,850	1,242	42,916	0
JON COHEN	(i)	343,539	233,500	924	121,420	32,208	731,591	0
	(ii)	24,276	16,500	65	8,581	2,276	51,698	0
GINA BURKHARDT	(i)	349,368	59,776	32,320	74,160	16,285	531,909	0
	(ii)	24,688	4,224	2,284	5,240	1,151	37,587	0
MARK FANNING	(i)	306,538	60,352	11,341	21,217	29,458	428,906	0
	(ii)	18,529	3,648	686	1,282	1,781	25,926	0
THOMAS JESULAITIS	(i)	187,062	3,772	7,904	47,150	14,615	260,503	0
	(ii)	11,307	228	478	2,850	883	15,746	0
MARILYN MOON	(i)	239,861	123,942	7,829	46,700	3,961	422,293	0
	(ii)	16,950	8,758	553	3,300	280	29,841	0
JANE BENBOW	(i)	281,865	48,600	0	25,450	10,613	366,528	0
	(ii)	0	0	0	0	0	0	0
STEPHEN KROMER	(i)	374,471	93,400	11,102	42,030	18,447	539,450	7,311
	(ii)	7,311	6,600	785	2,970	1,303	18,969	0
MARK KUTNER	(i)	301,770	23,575	51,258	47,150	28,744	452,497	0
	(ii)	18,241	1,425	3,098	2,850	1,738	27,352	0
LAURA SALGANIK	(i)	222,154	112,491	5,020	46,700	25,609	411,974	0
	(ii)	15,698	7,949	356	3,300	1,810	29,113	0
CHERYL VINCE WHITMAN	(i)	341,942	42,030	7,829	78,452	12,615	482,868	0
	(ii)	24,163	2,970	553	5,544	891	34,121	0
JANE HANNAWAY	(i)	292,249	22,789	7,829	46,700	15,811	385,378	0
	(ii)	20,651	1,610	553	3,300	1,117	27,231	0
GARY PHILLIPS	(i)	239,205	156,352	7,829	23,770	18,061	445,217	0
	(ii)	16,903	11,048	553	1,680	1,276	31,460	0
GEROGE BOHRNSTEDT	(i)	145,213	51,015	24,733	40,073	26,333	287,367	0
	(ii)	10,261	3,605	1,748	2,832	1,861	20,307	0

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, lines 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

2012

Open to Public Inspection

Name of the organization AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	Employer identification number  25-0965219
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting 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 of assistance	(d) Type of assistance	(e) Purpose of assistance

**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
(1) LEWIS LTD	OWNER IS SON OF DELANO LEWIS, BOARD MEMBER, WHO OWNS 8 6% OF LEWIS LTD	210,445	CONSULTANT TO AIR		No
(2) MELISSA KUTNER	DAUGHTER OF MARK KUTNER, FORMER KEY EMPLOYEE	44,422	REGULAR EMPLOYEE OF AIR		No

**Part V****Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Employer identification number  
25-0965219

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( SEE SCH O )	X	1	676,059	FMV
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

No

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

Cat No 51227J

Schedule M (Form 990) (2012)



Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	Employer identification number  25-0965219
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Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	PAGE 1, PART 1, LINE 1 AND PART III, LINE 1	AIR'S PURPOSE IS TO CONDUCT AND APPLY BEHAVIORAL AND SOCIAL SCIENCE RESEARCH TO IMPROVE PEOPLE'S LIVES AND WELL BEING, WITH A SPECIAL EMPHASIS ON THE DISADVANTAGED THE ACTIVITIES REPORTED HEREIN, PURSUANT TO THE PROVISIONS OF FORM 990, HAVE BEEN COMPILED TO REFLECT THE RESULTS OF OPERATIONS AND FINANCIAL STATUS OF AIR, THE LEGAL ENTITY AND THEREFORE EXCLUDE THE CONSOLIDATED RESULTS OF OTHER NON-FOR-PROFIT ORGANIZATIONS UNDER COMMON CONTROL AND WHOLLY OWNED FOR-PROFIT SUBSIDIARIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	1 THE FORM 990 AND RELATED SCHEDULES ARE PREPARED UNDER THE GUIDANCE OF THE CEO/PRESIDENT AND CFO/TREASURER 2 THE FORM 990 IS REVIEWED INTERNALLY BY THE CEO/PRESIDENT, CFO/TREASURER, LEGAL COUNSEL, AND THE SENIOR VP OF HUMAN RESOURCES PRIOR TO BEING PROVIDED TO MEMBERS OF THE BOARD 3 THE FORM 990 IS FIRST PROVIDED TO THE AUDIT AND COMPENSATION COMMITTEES OF THE BOARD FOR REVIEW AND THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD PRIOR TO THE DUE DATE (INCLUDING ANY EXTENSIONS)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, AIR REQUIRES ITS OFFICERS TO COMPLETE A DISCLOSURE FORM, WHICH IS REVIEWED BY THE LEGAL COUNSEL, ETHICS OFFICER, AND CHIEF FINANCIAL OFFICER. OFFICERS ARE REQUIRED TO DISCLOSE ANY RELATIONSHIP OR TRANSACTION WHICH MAY POSE A CONFLICT AND MUST UPDATE THE FORM WHEN THERE HAS BEEN A CHANGE IN CIRCUMSTANCE. IN ADDITION, AIR OFFICERS AND EMPLOYEES ARE REQUIRED TO COMPLY WITH AIR'S CODE OF CONDUCT, WHICH PROVIDES GUIDANCE ON CONFLICTS OF INTEREST. AIR BOARD OF DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND FOLLOW A CONFLICT OF INTEREST POLICY IN ADDITION TO AIR'S CODE OF CONDUCT. THE CONFLICT OF INTEREST QUESTIONNAIRES ARE SUBMITTED TO AND REVIEWED BY THE LEGAL COUNSEL AND SECRETARY OF THE ORGANIZATION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ( 100% COMPOSED OF INDEPENDENT DIRECTORS) EACH YEAR THE COMMITTEE HIRES AN OUTSIDE INDEPENDENT CONSULTANT TO PERFORM A COMPARABILITY REVIEW OF COMPENSATION, WHICH IS COMPLETED USING EXTERNAL PUBLISHED DATA THIS INFORMATION IS INCORPORATED INTO THE FINAL REVIEW AND DECISION PROCESS FOR THOSE INDIVIDUALS REVIEWED BY THE COMMITTEE. WRITTEN MINUTES OF THESE MEETINGS ARE KEPT CONTEMPORANEOUSLY AND MADE AVAILABLE AS REQUESTED FOR THE OTHER KEY EMPLOYEES, MOST FOLLOW THE EXACT SAME PROCESS AS THE CEO ANY OF THE KEY EMPLOYEES WHOSE COMPENSATION IS NOT SET BY THE COMPENSATION COMMITTEE (DUE TO NOT BEING AN OFFICER OR A PROGRAM DIRECTOR) ARE REVIEWED INTERNALLY USING THE SAME TYPE OF DATA BY THE RESPECTIVE PROGRAM DIRECTOR AND/OR THE CEO, WITH APPROVAL BY THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AIR HAS MADE A PUBLIC FILING OF ITS GOVERNING DOCUMENTS WITH THE COMMONWEALTH OF PENNSYLVANIA AIR WILL MAKE ITS COMPLETE SET OF FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	TEMPORARY HELP PROGRAM SERVICE EXPENSES 7,191,161 MANAGEMENT AND GENERAL EXPENSES 692,707 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,883,868 SUBCONTRACTS PROGRAM SERVICE EXPENSES 74,973,938 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 74,973,938 HONORARIA PROGRAM SERVICE EXPENSES 1,331,729 MANAGEMENT AND GENERAL EXPENSES 12,413 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,344,142 CONSULTANTS PROGRAM SERVICE EXPENSES 13,419,723 MANAGEMENT AND GENERAL EXPENSES 2,716,168 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,135,891 TRANSLATORS/INTERPRETERS PROGRAM SERVICE EXPENSES 380,497 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 380,497 RECRUITING ADS/AGENCY FEES PROGRAM SERVICE EXPENSES 407,568 MANAGEMENT AND GENERAL EXPENSES 164,669 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 572,237

Identifier	Return Reference	Explanation
	FORM 990, PART IV, LINE 12 AND PART XII, LINE 2B	AIR PREPARES THE CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE THE ORGANIZATION AND ITS AFFILIATES, THE STATEMENTS ARE AUDITED BY INDEPENDENT AUDITORS ON AN ANNUAL BASIS



Identifier	Return Reference	Explanation
	FORM 990 PART XII, LINE 2C	AIR HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 1A	THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIR AND CHAIRS OF THE AUDIT, FINANCE, GOVERNANCE, HUMAN RESOURCES AND COMPENSATION COMMITTEES AND THE CHIEF EXECUTIVE OFFICER FOR THE PURPOSE OF EXERCISING ALL OF THE POWERS AND AUTHORITY OF THE FULL BOARD WHEN THE BOARD IS NOT IN SESSION AND WHEN IT IS NOT PRACTICAL OR POSSIBLE FOR THE FULL BOARD TO CONVENE A MEETING A QUORUM IS DEFINED AS FOUR (4) MEMBERS OF THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION B, LINE 1, COLUMN B	COLUMN B DESCRIPTION FOR THE CORKERY GROUP MEDIA STRATEGY SUPPORT TO CDC'S HIV, STD, AND TB PREVENTION PROGRAM COLUMN B DESCRIPTION FOR RACKSPACE US INC MANAGED HOSTING PROVIDING DEDICATED SERVERS TO SUPPORT AIR ONLINE TESTING DEDICATED RESOURCES INCLUDE NETWORKING, HARDWARE, AND OPERATING SYSTEM SOFTWARE, ALL RUN BY THE HOST COMPANY COLUMN B DESCRIPTION FOR THE NATIONAL FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH (NFFCMH) PROVIDE SUBCONTRACTED SERVICES FOR COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICE PROGRAM FOR CHILDREN AND THEIR FAMILIES WEB-BASED TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITIES WITH FAMILY DRIVEN CARE

Identifier	Return Reference	Explanation
	FORM 990, PART VIII, LINE 2B	INCLUDING FROM CERTAIN PERSONAL PROPERTY RENTS

Identifier	Return Reference	Explanation
	SCHEDULE M, LINE 25	ASSETS TRANSFERRED IN DISSOLUTION

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Employer identification number  
25-0965219

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTH CENTRAL REGIONAL EDUCATIONAL LABORATORY 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 27-0071942	SEE SCHEDULE R, PART VII	IL	0	0	LEARNING POINT ASSOCIATES
(2) COMPENSATION INNOVATIONS IN EDUCATIONS LLC 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 80-0518929	SEE SCHEDULE R, PART VII	IL	0	0	LEARNING POINT ASSOCIATES

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
(1) NEW AMERICAN SCHOOLS - DISSOLVED 111312  1000 THOMAS JEFFERSON ST NW  WASHINGTON, DC 20007 52-1730425	TO INCREASE STUDENT ACHIEVEMENT THROUGH EDUCATION	VA	501(C)(3)	11A, TYPE I	AIR	Yes	
(2) AMERICAN INSTITUTES FOR RESEARCH UK LIMITED  1000 THOMAS JEFFERSON ST NW  WASHINGTON, DC 20007	BEHAVIORAL AND SOCIAL SCIENCES RESEARCH AND APPLICATIONS	UK			AIR	Yes	
(3) LEARNING POINT ASSOCIATES  1000 THOMAS JEFFERSON ST NW  WASHINGTON, DC 20007 37-1161423	SEE SCHEDULE R, PART VII	IL	501(C)(3)	7	AIR	Yes	
(4) NATIONAL CENTER ON FAMILY HOMELESSNESS  1000 THOMAS JEFFERSON ST NW  WASHINGTON, DC 20007 22-2882452	SEE SCHEDULE R, PART VII	MA	501(C)(3)	7	AIR	Yes	

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COLLEGE MEASURES LLC  1700 ROCKVILLE PIKE 400 ROCKVILLE, MD 20852 45-2671930	SEE SCHEDULE R, PART VII	DE	AIR	RELATED	13,405	312,582		No		Yes		50 000 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PROSPECT ASSOCIATES LTD - DISSOLVED 111912  1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 52-1213051	RESEARCH & SERVICES	MD	AIR HOLDING COMPANY	C	1,750			Yes	
(2) AIR HOLDING COMPANY  1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 52-2205344	EDUCATIONAL SERVICES	DE	AMERICAN INSTITUTES FOR RESEARCH	C		1,718,798	100 000 %	Yes	
(3) THE MCKENZIE GROUP INC - DISSOLVED 031412  1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 52-1811969	EDUCATIONAL SERVICES	DE	AIR HOLDING COMPANY	C				Yes	

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

Yes

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEARNING POINT ASSOCIATES	Q	16,977,476	FMV
(2) LEARNING POINT ASSOCIATES	S	1,243,732	FMV
(3) PROSPECT ASSOCIATES	S	516,848	FMV
(4) COLLEGE MEASURES LLC	Q	252,389	FMV
(5) COLLEGE MEASURES LLC	P	323,020	FMV



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:  
Software Version:  
EIN: 25-0965219  
Name: AMERICAN INSTITUTES FOR RESEARCH IN THE  
BEHAVIORAL SCIENCES

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE R, PART I, COLUMN B	NORTH CENTRAL REGIONAL EDUCATIONAL LABORATORY - TO PROVIDE EDUCATIONAL RESEARCH AND DEVELOPMENT SERVICES TO SCHOOLS, DISTRICTS, OTHER EDUCATIONAL ORGANIZATIONS, AND STATES
	SCHEDULE R, PART I, COLUMN B	COMPENSATION INNOVATIONS IN EDUCATIONS, LLC - TO PROVIDE SCHOOLS, DISTRICTS AND STATES WITH SUPPORT TO DESIGN AND IMPLEMENT HIGH-QUALITY ALTERNATIVE COMPENSATION SYSTEMS TO IMPROVE TEACHER QUALITY FOR ALL STUDENTS
	SCHEDULE R, PART II, COLUMN B	LEARNING POINT ASSOCIATES - EDUCATION RESEARCH, DEVELOPMENT AND DISSEMINATION OF INFO RE INSTRUCTIONAL IMPROVEMENT, PROFESSIONAL DEVELOPMENT AND EDUCATIONAL APPLICATIONS OF TECHNOLOGY
	SCHEDULE R, PART II, COLUMN B	NATIONAL CENTER ON FAMILY HOMELESSNESS - RESEARCH, TRAINING, PROGRAM DEVELOPMENT AND POLICY INITIATIVES DIRECTED TOWARDS ENDING FAMILY HOMELESSNESS
	SCHEDULE R, PART III, COLUMN B	COLLEGE MEASURES, LLC - TO INFORM AND IMPROVE THE DECISION-MAKING PROCESS FOR STUDENTS, PARENTS, AND POLICY MAKERS