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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/foim990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES		D Employer identification number 25-0965219
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) 1000 THOMAS JEFFERSON ST NW	Room/suite	E Telephone number (202) 403-5000
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200073835		G Gross receipts \$ 589,891,260
	F Name and address of principal officer DAVID MYERS 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 200073835		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.AIR.ORG		L Year of formation 1946 M State of legal domicile PA	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,103
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	384,797,411	469,315,779
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	463,310	306,329
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,969,677	6,900,874
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-65,563	-32,567
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	396,164,835	476,490,415
	14 Benefits paid to or for members (Part IX, column (A), line 4)	145,516	966,191
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	178,035,903	196,644,946
	b Total fundraising expenses (Part IX, column (D), line 25) <u>9,238,735</u>	159,197	77,302
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	193,101,236	239,972,187
	19 Revenue less expenses Subtract line 18 from line 12	371,441,852	437,660,626
Net Assets or Fund Balances		24,722,983	38,829,789
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	302,650,420	348,281,698
	21 Total liabilities (Part X, line 26)	109,337,954	121,891,444
	22 Net assets or fund balances Subtract line 21 from line 20	193,312,466	226,390,254

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

<div>Sign Here</div>	<div>*****</div>	<div>2016-11-10</div>
	<div>Signature of officer</div>	<div>Date</div>
	<div>MARIO AHLGRIMM, EXEC VP AND CFO</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name PATRICIA A O'MALLEYCPA	Preparer's signature PATRICIA A O'MALLEYCPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00285909
	Firm's name ▶ RUBINO AND COMPANY CHARTERED			Firm's EIN ▶ 52-1186096	
	Firm's address ▶ 6903 ROCKLEDGE DRIVE SUITE 1200 BETHESDA, MD 208171818			Phone no (301) 564-3636	

Part III

Statement of Program Service Accomplishments

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

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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 \$ 179,403,030	including grants of \$	(Revenue \$)
THE ASSESSMENT PROGRAM PROVIDES COGNITIVE ASSESSMENTS AND INFORMATION ON STUDENT PROGRESS THAT ALLOW EDUCATORS TO HELP CHILDREN 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 FOR USE BY ALL CHILDREN AND ALTERNATIVE ASSESSMENT FOR STUDENTS WITH PHYSICAL AND COGNITIVE DISABILITIES.				

4b	(Code)	(Expenses \$ 114,785,644	including grants of \$	806,491)	(Revenue \$ 266,481)
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. 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, 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 EDUCATION AND GOVERNMENT DECISION-MAKERS, ADMINISTRATORS, AND RESEARCHERS. THE EDUCATION PROGRAM ALSO 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 AIR 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.					

4c	(Code)	(Expenses \$ 52,449,682	including grants of \$	(Revenue \$ 3,237)
AIR'S HEALTH & SOCIAL DEVELOPMENT PROGRAM USES RESEARCH TO CATALYZE CHANGE FOR MAKING COMMUNITIES SAFER, ENVIRONMENTS HEALTHIER, IMPROVES HEALTHCARE. 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 GENERAL 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 COMMUNICATOR DEVELOPS PUBLIC HEALTH CAMPAIGNS TO INCREASE AWARENESS AND PROMOTE HEALTHY BEHAVIORS AMONG DIVERSE AND DISADVANTAGED POPULATIONS. THE PROGRAM ALSO 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, 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.				
See Additional Data				

4d	Other program services (Describe in Schedule O)	
(Expenses \$ 41,298,567	including grants of \$ 159,700)	(Revenue \$ 36,611)

4e	Total program service expenses ▶	387,936,923
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 Yes	
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	No
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 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. 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 or note to any line in this Part V

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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,187	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	2,103	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ EG , HO , PK , ZA , LI , IV , TI , KG See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 or note to any line 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	1a	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	1b	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		No	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	AK , CA , CO , CT , IL , KS , MA , MI , MN , NJ , NM , NY , OK , OR , PA , RI , TN , UT
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, address, and telephone number of the person who possesses the organization's books and records	MARIJO AHLGRIMM 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 200073835 (202) 403-5000

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

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	8,483,063	386,977	1,352,863

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 ► 499

		Yes	No
3	Did the organization list any former 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	SEE SCHEDULE O	51,863,819
MEASUREMENT INC 423 MORRIS STREET DURHAM, NC 27701	SEE SCHEDULE O	23,778,069
RACKSPACE US INC P O BOX 730759 DALLAS, TX 753730759	SERVER HOSTING SERVICES	12,465,464
MIDTOWN PERSONNEL INC P O BOX 42576 WASHINGTON, DC 20015	TEMPORARY STAFFING SERVICES	7,755,733
PEARSON EDUC MEASUREMENTNCS PEARSON I 13036 COLLECTION CTR DR CHICAGO, IL 60693	SEE SCHEDULE O	2,630,528

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 ► 160

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	436,112,015				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	33,203,764				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			469,315,779			
Program Service Revenue			Business Code					
	2a	MISC PROGRAM FEES	900099	181,500	181,500			
	b	SPEAKING FEES	900099	54,293	54,293			
	c	PROVISION OF VAR SERV	900099	44,925	44,925			
	d	CONFERENCE FEES	900099	25,611	25,611			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			306,329			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,777,537			2,777,537	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties		4,210			4,210	
	6a	(i) Real		(ii) Personal				
		Gross rents		71,636				
		b	Less rental expenses	108,413				
		c	Rental income or (loss)	-36,777				
	d	Net rental income or (loss)			-36,777		-36,777	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		117,415,769				
		b	Less cost or other basis and sales expenses	113,292,432				
		c	Gain or (loss)	4,123,337				
	d	Net gain or (loss)			4,123,337		4,123,337	
	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			476,490,415	306,329	0	6,868,307	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	306,491	306,491		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	659,700	659,700		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	6,747,195	3,199,755	3,547,440	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,615,719	960,767	654,952	
7	Other salaries and wages.	151,421,580	128,616,910	16,871,761	5,932,909
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	11,429,493	9,599,537	1,348,730	481,226
9	Other employee benefits.	15,260,288	12,024,815	2,669,659	565,814
10	Payroll taxes.	10,170,671	8,521,512	1,245,462	403,697
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	842,416	842,416		
c	Accounting.	240,390		240,390	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	77,302			77,302
f	Investment management fees.	404,523		404,523	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	165,625,129	161,488,122	3,864,141	272,866
12	Advertising and promotion.	165,592	165,592		
13	Office expenses.	11,312,932	8,916,639	2,120,443	275,850
14	Information technology.	17,862,492	16,869,042	749,557	243,893
15	Royalties.				
16	Occupancy.	18,555,467	14,059,560	3,888,538	607,369
17	Travel.	11,404,852	10,238,583	981,145	185,124
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,319,745	3,718,550	558,458	42,737
20	Interest.	2,945		2,945	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,444,022	2,377,979	923,749	142,294
23	Insurance.	726,332	344,090	376,675	5,567
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	3,465,022	3,465,022		
b	FOCUS GROUP SURVEYS	1,042,814	1,042,814		
c					
d					
e	All other expenses	557,514	519,027	36,400	2,087
25	Total functional expenses. Add lines 1 through 24e.	437,660,626	387,936,923	40,484,968	9,238,735
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 or note to any line in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		19,427,859	1	17,317,821
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		107,204,403	4	124,530,647
	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		51,569	7	52,144
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,361,958	9	3,254,451
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	43,456,129		
	b	Less: accumulated depreciation	10b	24,171,567	10c	19,284,562
	11	Investments—publicly traded securities		132,977,067	11	162,099,808
	12	Investments—other securities. See Part IV, line 11		22,564,274	12	15,352,312
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		5,331,878	15	6,389,953
	16	Total assets. Add lines 1 through 15 (must equal line 34)		302,650,420	16	348,281,698
Liabilities	17	Accounts payable and accrued expenses		64,264,381	17	76,260,204
	18	Grants payable			18	
	19	Deferred revenue		34,477,896	19	28,437,854
	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		10,595,677	25	17,193,386
	26	Total liabilities. Add lines 17 through 25		109,337,954	26	121,891,444
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		193,312,466	27	226,390,254
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		193,312,466	33	226,390,254
	34	Total liabilities and net assets/fund balances		302,650,420	34	348,281,698

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	476,490,415
2	Total expenses (must equal Part IX, column (A), line 25)	2	437,660,626
3	Revenue less expenses Subtract line 2 from line 1	3	38,829,789
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	193,312,466
5	Net unrealized gains (losses) on investments	5	-5,456,978
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	-295,023
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	226,390,254

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		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	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	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?	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	22,205,742	including grants of \$	159,700) (Revenue \$	10,000)
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AIR'S INTERNATIONAL DEVELOPMENT PROGRAM SEEKS TO ENHANCE THE CAPACITY OF DEVELOPING COUNTRIES TO IMPROVE THE QUALITY OF THEIR CITIZENS' LIVES 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 \$	15,455,037	including grants of \$) (Revenue \$	26,611)
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THE WORKFORCE AND LIFELONG LEARNING (WLL) PROGRAM STRIVES TO MAXIMIZE HUMAN AND ORGANIZATIONAL POTENTIAL BY ENSURING THAT EMPLOYEES HAVE THE SKILLS NEEDED AND EMPLOYERS ARE PREPARED TO MANAGE THE CHALLENGES OF RECRUITING, DEVELOPING, AND RETAINING THE HUMAN CAPITAL NEEDED FOR SUCCESS. WLL'S WORK LEADS TO POSITIVE OUTCOMES.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	3,637,788	including grants of \$) (Revenue \$)
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AIR'S ANALYSIS OF LONGITUDINAL DATA IN EDUCATION RESEARCH PROGRAM INFORMS EDUCATION POLICY DEVELOPMENT BY ANALYZING 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 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

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				68,750	0	0
GREG BARONI BD MEMBER, BD CMTE CHAIR	5 00	X						50,000	0	0
LAWRENCE BOBO BD MBER, BD V CHAIR, BD CMTE CHAIR	5 00	X		X				48,750	0	0
SARA B KIESLER BD MEMBER, BD CMTE CHAIR	5 00	X						59,095	0	0
KATHY MCKINLESS BD MEMBER, BD CMTE CHAIR	5 00	X						52,500	0	0
SOL PELAVIN BD MEMBER, BD CMTE CHAIR, FMR PRES	6 00	X						50,000	0	0
ROBERT F BORUCH BOARD MEMBER	2 00	X						27,500	0	0
NANCY CANTOR BRECHIN BOARD MEMBER	2 00	X						22,500	0	0
EDWARD HAMBURG BOARD MEMBER	2 00 1 00	X						36,086	0	0
DELANO LEWIS BOARD MEMBER	2 00	X						35,000	0	0

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			
ANDREW LIAKOPOULOS BOARD MEMBER	2 00	X						31,250	0	0
MANUEL PASTOR BOARD MEMBER	2 00	X						22,500	0	0
DAVID MYERS BOARD MEMBER, PRES & CEO	38 00	X		X				1,036,854	47,834	224,498
MARIO AHLGRIMM TREASURER, EXEC VP AND CFO	2 00 38 00			X				472,770	21,811	97,566
DONA KILPATRICK SECRETARY	2 00 38 00			X				238,181	10,988	59,241
JON COHEN EXEC VICE PRES & DIV PRES	2 00 39 00				X			1,050,338	70,262	182,253
MARK FANNING EXEC VP, HR & ADMIN	1 00 39 00				X			421,893	19,464	112,079
STEPHEN KROMER SR VP & DIVISION COO	1 00 39 00				X			668,501	44,718	67,791
SABRINA W LAINE SR VICE PRES & CHIEF OF STAFF	1 00 39 00				X			341,651	15,762	64,031
MICHAEL KIRSCH EXEC VICE PRES & COO	1 00 39 00				X			344,208	15,880	58,449

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 JOAN VINCE SR VICE PRESIDENT	39 00 1 00				X			561,182	37,540	65,672
JOSEPH WAGNER SR DIR, CONTRACTS/PROCURMENT SERV	39 00 1 00				X			212,099	9,786	11,990
DAVID OSHER VICE PRESIDENT & INST FELLOW	39 00 1 00					X		327,507	21,908	77,763
GARY W PHILLIPS VICE PRESIDENT & INST FELLOW	39 00 1 00					X		449,704	30,083	65,176
DAN GOLDHABER VICE PRESIDENT	39 00 1 00					X		360,671	24,127	44,224
MAURICE MCINERNEY MANAGING RESEARCHER	40 00 0 00					X		395,446	0	5,042
MARK KUTNER SR VICE PRESIDENT	40 00 0 00					X		429,031	0	80,211
THOMAS J JESULAITIS FORMER CHIEF CONTRACT/GRANT OFFICER	39 00 1 00						X	215,214	9,930	66,842
MARILYN L MOON FORMER SR VICE PRESIDENT	40 00 0 00						X	304,648	0	57,780
LAURA SALGANIK FORMER SR VICE PRESIDENT	39 00 1 00						X	149,234	6,884	12,255

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization 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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

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An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

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Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

Part IIISupport 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	275,772,480	310,634,501	347,857,812	384,797,411	469,315,779	1,788,377,983
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	719,876	960,627	317,549	463,310	306,329	2,767,691
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	276,492,356	311,595,128	348,175,361	385,260,721	469,622,108	1,791,145,674
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	1,041,199			6,135,249
c Add lines 7a and 7b	2,790,540	2,303,510	1,041,199			6,135,249
8 Public support. (Subtract line 7c from line 6.)						1,785,010,425

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	276,492,356	311,595,128	348,175,361	385,260,721	469,622,108	1,791,145,674
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,552,824	2,781,749	2,550,291	3,979,018	2,853,383	14,717,265
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,552,824	2,781,749	2,550,291	3,979,018	2,853,383	14,717,265
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	279,045,180	314,376,877	350,725,652	389,239,739	472,475,491	1,805,862,939
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	98 850 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	98 700 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0 810 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0 920 %
19a 33 1/3% support tests—2015.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	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2014.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	<input type="checkbox"/>	
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing 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" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

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

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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

	Amount
<div>c</div> Beginning balance	<div>1c</div>
<div>d</div> Additions during the year	<div>1d</div>
<div>e</div> Distributions during the year	<div>1e</div>
<div>f</div> Ending balance	<div>1f</div>

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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
<div>1a</div> Beginning of year balance	150,342,619				
<div>b</div> Contributions	22,265,231	150,342,619			
<div>c</div> Net investment earnings, gains, and losses	1,007,220				
<div>d</div> Grants or scholarships					
<div>e</div> Other expenditures for facilities and programs	1,729,474				
<div>f</div> Administrative expenses					
<div>g</div> End of year balance	171,885,596	150,342,619			

2

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

a

Board designated or quasi-endowment ▶

100 000 %

b

Permanent endowment ▶

0 %

c

Temporarily restricted endowment ▶

0 %

The percentages on 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

b

If "Yes" on 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

	Yes	No
<div>3a(i)</div>		No
<div>3a(ii)</div>		No
<div>3b</div>		

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
<div>1a</div> Land				
<div>b</div> Buildings				
<div>c</div> Leasehold improvements		25,938,476	12,243,838	13,694,638
<div>d</div> Equipment		10,769,212	8,528,797	2,240,415
<div>e</div> Other		6,748,441	3,398,932	3,349,509
<div>Total.</div> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				19,284,562

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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.

Return Reference	Explanation
Part V, Line 4	AS OF DECEMBER 31, 2014, THE BOARD OF DIRECTORS APPROVED TO DESIGNATE A PORTION OF THE PREVIOUSLY ACCUMULATED UNRESTRICTED NET ASSETS TO BE SET ASIDE AND ACT AS A QUASI-ENDOWMENT FOR THE COMBINED PURPOSE OF ENSURING LONG-TERM FUTURE FINANCIAL STRENGTH AND TO PROVIDE FUNDING FOR INITIATIVES RELATED TO AIR'S MISSION OF IMPROVING PEOPLE'S LIVES THROUGH RESEARCH, EVALUATION, ASSESSMENT, AND CAPACITY BUILDING. IN 2015, \$20.6 MILLION OF THE CURRENT OPERATING RESULT WAS SIMILARLY DESIGNATED.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	10	436			28,522,463
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	10	436			28,522,463

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

Cat No 50082W

Schedule F (Form 990) 2015

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE SCHEDULE F, PART V	159,700	CHECK			
(2)			Europe (Including Iceland & Greenland)	SEE SCHEDULE F, PART V	500,000	WIRE			
(3)									
(4)									

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 ▶

2

3

Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, do not file with Form 990)*

☐

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, Information 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, do not file with Form 990)*

☐

Yes

☒

No

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	FOR RESTRICTED GRANTS HIGHER THAN \$20,000, APPLICANTS ARE REQUIRED TO SUBMIT BUDGETS AND GRANT PROPOSALS DETAILING THE ACTIVITIES TO BE SUPPORTED BY A GRANT AWARD AFTER GRANTS ARE AWARDED, AIR REQUIRES PERIODIC AND FINAL PROGRESS REPORTS FROM GRANTEEES, SUMMARIZING GRANT FUND EXPENDITURES AND THE PROGRESS MADE IN ACHIEVING THE GRANT PURPOSE

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, COLUMN E	<p>CENTRAL AMERICA & THE CARIBBEAN - IMPLEMENTATION OF PROJECTS INITIATED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WORKING WITH IN-COUNTRY MINISTRIES OF EDUCATION AND CITIZEN STAKEHOLDERS, INCLUDING CHILDREN, FAMILIES, TEACHERS AND COMMUNITY LEADERS, TO REDUCE IMPEDIMENTS TO AND IMPROVE EDUCATIONAL OUTCOMES IN DEVELOPING COUNTRIES MIDDLE EAST AND NORTH AFRICA - IMPLEMENTATION OF PROJECTS INITIATED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WORKING WITH IN-COUNTRY MINISTRIES OF EDUCATION AND CITIZEN STAKEHOLDERS, INCLUDING CHILDREN, FAMILIES, TEACHERS AND COMMUNITY LEADERS, TO REDUCE IMPEDIMENTS TO AND IMPROVE EDUCATIONAL OUTCOMES IN DEVELOPING COUNTRIES SUB-SAHARAN AFRICA - DESIGN & IMPLEMENT MONITORING AND EVALUATION FRAMEWORK FOR SOCIAL CASH TRANSFER PROGRAMS THROUGH THE PROJECT FUNDED BY UNICEF RUSSIA & NEIGHBORING STATES - IMPLEMENTATION OF PROJECTS INITIATED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WORKING WITH IN-COUNTRY MINISTRIES OF EDUCATION AND CITIZEN STAKEHOLDERS, INCLUDING CHILDREN, FAMILIES, TEACHERS AND COMMUNITY LEADERS, TO REDUCE IMPEDIMENTS TO AND IMPROVE EDUCATIONAL OUTCOMES IN DEVELOPING COUNTRIES EUROPE - TO PROVIDE SUPPORT FOR BUILDING THE BODY OF RESEARCH-BASED EVIDENCE AND SYNTHESSES OF WHAT WORKS IN SOCIAL AND ECONOMIC POLICY AND HOW THE EVIDENCE IS USED</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART II, COLUMN D	SUB-SAHARAN AFRICA - TO SUPPORT IMPLEMENTATION, SCALE-UP, AND EVALUATION OF ESCHOOL 360, A RURAL EDUCATION PROGRAM IN ZAMBIA THAT AIMS TO IMPROVE THE QUALITY AND COST-EFFECTIVENESS OF EDUCATION FOR LOW-INCOME CHILDREN IN ZAMBIA AND THROUGHOUT THE WORLD EUROPE - TO PROVIDE SUPPORT FOR BUILDING THE BODY OF RESEARCH-BASED EVIDENCE AND SYNTHESSES OF WHAT WORKS IN SOCIAL AND ECONOMIC POLICY AND HOW THE EVIDENCE IS USED

Additional Data

Software ID:

Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE
BEHAVIORAL SCIENCES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	3	173	PROGRAM SERVICES	SEE SCHEDULE F, PART V	5,713,634
MIDDLE EAST AND NORTH AFRICA	1	24	PROGRAM SERVICES	SEE SCHEDULE F, PART V	74,762
SUB-SAHARAN AFRICA	4	186	PROGRAM SERVICES	SEE SCHEDULE F, PART V	4,748,259

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Russia and Neighboring States	2	53	PROGRAM SERVICES	SEE SCHEDULE F, PART V	3,404,257
Europe (Including Iceland & Greenland)			PROGRAM SERVICES	SEE SCHEDULE F, PART V	500,000
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		14,051,192

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Europe (Including Iceland & Greenland)			INVESTMENTS		30,359

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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			
1 WUNDERLAND GROUP LLC 8057 SOLUTIONS CENTER CHICAGO, IL 60677	SEE SCHEDULE G, PART IV		No	0	9,547	-9,547
2 FREESTYLE EDITORIAL 7603 STONY CREEK AVENUE ELLCOTT CITY, MD 21043	SEE SCHEDULE G, PART IV		No	0	8,519	-8,519
3 OPTOMI LLC 500 COLONIAL CENTER PARKWAY SUITE ROSWELL, GA 30070	SEE SCHEDULE G, PART IV		No	0	8,289	-8,289
4 JOSE ALBERTO ACEVEDO COLONIA MONTEVERDE BLOQUE 1 CASA TEGUCIGALPA, HO	SEE SCHEDULE G, PART IV		No	0	6,203	-6,203
5 24 SEVEN 120 WOOSER STREET 4TH FLOOR NEW YORK, NY 10012	SEE SCHEDULE G, PART IV		No	0	5,919	-5,919
6 KICKSTART INC 467 PINETREES DR NORTH BARRINGTON, IL 60010	SEE SCHEDULE G, PART IV		No	0	5,506	-5,506
7						
8						
9						
10						
Total ▶					43,983	-43,983

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

AK, CA, CO, CT, FL, IL, KS, MA, MI, MN, MO, NJ, NM, NY, OK, OR, PA, RI, TN, NC, UT

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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 Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

11

Does the organization conduct 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 conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

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. 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).

Return Reference	Explanation
SCHEDULE G, PART 1, LINE 2B, COLUMN(ii)	PROVIDING TECHNICAL SUPPORT ON GRANT APPLICATIONS

2015

Open to Public Inspection

25-0965219

☒ Yes ☐ No[illegible]

3 Enter total number of other organizations listed in the line 1 table.

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

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

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

Return Reference	Explanation
Part I, Line 2	GRANT AWARDS FOR AMOUNTS INDIVIDUALLY LESS THAN \$5,000 ARE NOT LISTED HERE PURSUANT TO THE APPLICABLE PROVISION OF THE IRS CODE. FOR RESTRICTED GRANTS HIGHER THAN \$20,000, APPLICANTS ARE REQUIRED TO SUBMIT BUDGETS AND GRANT PROPOSALS DETAILING THE ACTIVITIES TO BE SUPPORTED BY A GRANT AWARD. AFTER GRANTS ARE AWARDED, AIR REQUIRES PERIODIC AND FINAL PROGRESS REPORTS FROM GRANTEEES, SUMMARIZING GRANT FUND EXPENDITURES AND THE PROGRESS MADE IN ACHIEVING THE GRANT PURPOSE.
PART II, LINE 1, COLUMN (H), PURPOSE OF GRANT	CHILD WELFARE LEAGUE OF AMERICA - TO SUPPORT CWLA'S MISSION OF ADVANCING POLICIES, BEST PRACTICES AND COLLABORATIVE STRATEGIES THAT RESULT IN BETTER OUTCOMES FOR CHILDREN, YOUTH AND FAMILIES. THE WOMEN'S CENTER - SUPPORT OF THE WOMEN'S CENTER ANNUAL LEADERSHIP CONFERENCE. EDUSEED - CONTRIBUTIONS TO SUPPORT EDUSEED'S MISSION OF PROMOTING EDUCATION AMONG DISADVANTAGED AND UNDER-SERVED COMMUNITIES. PUBLIC ALLIES, INC. - TO SUPPORT PUBLIC ALLIES' MISSION OF CREATING A JUST AND EQUITABLE SOCIETY AND THE DIVERSE LEADERSHIP TO SUSTAIN IT.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD WELFARE LEAGUE OF AMERICA 1726 M STREET NW WASHINGTON,DC 20036	13-1641066	501(C)(3)	55,000				SEE SCHEDULE I, PART IV
EDUCATION WRITERS ASSOC 2122 P STREET NW SUITE 201 WASHINGTON,DC 20037	23-7439790	501(C)(3)	40,000				TO SUPPORT EWA NATIONAL SEMINARS
HECHINGER INSTITUTE ON EDUCATION AND THE MEDIA 525 W 120 STREET BOX 127 NEW YORK,NY 10027	13-1624202	501(C)(3)	20,000				GENERAL SPONSORSHIP OF HECHINGER REPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S CENTER 1025 VERMONT AVE NW SUITE 310 WASHINGTON,DC 20005	23-7423496	501(C)(3)	17,750				SEE SCHEDULE I, PART IV
AMERICAN EDUCATIONAL RESEARCH ASSOCIATION 1430 K STREET NW SUITE 1200 WASHINGTON,DC 20005	23-7003537	501(C)(3)	8,500				CONTRIBUTION FOR AERA FRIEND OF BROWN LECTURE
EDUSEED 901 K STREET NW SUITE 700 WASHINGTON,DC 20001	52-2235026	501(C)(3)	7,375				SEE SCHEDULE I, PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC ALLIES INC 735 NORTH WATER STREET SUITE 550 MILWAUKEE, WI 53202	52-1759564	501(C)(3)	5,875				SEE SCHEDULE I, PART IV
SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	5,875				CONTRIBUTIONS TO SUPPORT SO OTHERS MIGHT EAT (SOME) PROGRAM
METRO DC COMMUNITY CENTER INC 2000 14TH STREET NW SUITE 105 WASHINGTON, DC 20009	20-0118307	501(C)(3)	5,875				TO SUPPORT THE DC CENTER FOR LGBT COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GASTON & PORTER HEALTH IMPROVEMENT CTR INC 8612 TIMBER HILL LN POTOMAC, MD 20854	03-0455203	501(C)(3)	47,932				OFFICE SUPPORT FOR FACILITY/IT SERVICES
SOCIETY FOR RESEARCH ON EDUCATION EFFECTS (SREE) 2040 SHERIDAN ROAD EVANSTON, IL 60208	26-4739791	501(C)(3)	29,957				OFFICE SUPPORT FOR FACILITY/IT SERVICES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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 on 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><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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 directors, trustees, officers, including 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 checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</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 on 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	No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

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. THERE WAS ONE TRANSACTION IN 2015 DEEMED TO HAVE HAD PERSONAL INCOME TAX CONSEQUENCES. THE TRANSACTION WAS GROSSED-UP FOR RELATED INCOME TAX.
Part I, Line 4b	CERTAIN SENIOR EXECUTIVES PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN. CONTRIBUTIONS TO THE PLAN ARE BASED ON THE ANNUAL EQUIVALENT OF THE RETIREMENT CONTRIBUTION THE INDIVIDUAL WOULD HAVE RECEIVED HAD THEIR PARTICIPATION IN AIR'S DEFINED CONTRIBUTION PLAN NOT BEEN SUBJECT TO LIMITATIONS. THE CONTRIBUTIONS TO THE DEFERRED COMPENSATION PLAN ARE SUBJECT TO VESTING PROVISIONS AND THEREFORE SECONDARILY SERVE TO INCENT RETENTION OF EMPLOYMENT. THE PARTICIPANTS IN THE DEFERRED COMPENSATION PLAN ARE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. DEFERRED COMPENSATION AWARDS (EARNED BUT UNPAID) DURING 2015: MARIJO AHLGRIMM \$ 57,827; JON COHEN \$ 100,000; MARK FANNING \$ 33,054; MICHAEL KIRSCH \$ 8,060; STEPHEN KROMER \$ 26,977; DAVID MYERS \$ 176,952.
Part I, Line 7	IN ADDITION TO BASE SALARY, AN EXECUTIVE INCENTIVE PLAN PROVIDES FOR INCENTIVE PAYMENTS BASED ON INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE VS PREVIOUSLY ESTABLISHED GOALS. DIRECTORS OF THE BOARD DO NOT PARTICIPATE IN BONUS OR INCENTIVE PLANS, WITH THE EXCEPTION OF DAVID MYERS, WHO IN HIS CAPACITY AS CEO, PARTICIPATES IN THE EXECUTIVE INCENTIVE PLAN. NON-SENIOR OFFICERS, NON-OFFICER HIGHLY COMPENSATED AND KEY EMPLOYEES ARE ELIGIBLE TO RECEIVE BONUSES PURSUANT TO A DISCRETIONARY BONUS PROGRAM DESIGNED TO RECOGNIZE EXCEPTIONAL PERFORMANCE.
PART II, COLUMNS B, C AND D	PART II COLUMN B(III): THE AMOUNTS REPORTED IN COLUMN B(III) FOR MR. JON COHEN AND MS. CHERYL VINCE INCLUDE \$290,432 AND \$86,136, RESPECTIVELY, FOR DEFERRED COMPENSATION VESTED AND PAID IN 2015 PURSUANT TO THE AFOREMENTIONED NON-QUALIFIED COMPENSATION PLAN (SEE SCHEDULE J, PART III SUPPLEMENTAL INFORMATION FOR SCHEDULE J, PART I, LINE 4B). THE AMOUNTS REPORTED IN COLUMN B(III) FOR MR. MAURICE MCINERNEY AND MS. LAURA SALGANIK INCLUDE \$381,215 AND \$97,647, RESPECTIVELY, OF PREVIOUSLY EARNED, BUT UNTAKEN, PAID TIME OFF THAT MR. MAURICE MCINERNEY AND MS. LAURA SALGANIK EXCHANGED FOR CASH UPON THEIR RETIREMENT. 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 DESCRIBED IN THE SECTION RELATED TO SCHEDULE J, PART I, LINE 4B-SUPPLEMENTAL UNQUALIFIED RETIREMENT PLANS. PART II COLUMN D: NONTAXABLE BENEFITS REPRESENT AIR'S PREMIUM PAYMENTS FOR CERTAIN FRINGE BENEFIT OFFERINGS THAT ARE GENERALLY AVAILABLE TO ALL AIR EMPLOYEES, INCLUDING HEALTH INSURANCE, LONG-TERM DISABILITY, DENTAL INSURANCE, VISION INSURANCE, AND LONG-TERM CARE INSURANCE.

Additional Data

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID MYERS BOARD MEMBER, PRES & CEO	(i)	582,052	372,036	82,766	194,936	19,662	1,251,452	72,156
	(ii)	26,853	17,163	3,818	8,993	-	-	0
1MARIJO AHLGRIMM TREASURER, EXEC VP AND CFO	(i)	363,809	106,248	2,713	75,441	17,823	566,034	0
	(ii)	16,784	4,902	125	3,480	-	-	0
2DONA KILPATRICK SECRETARY	(i)	230,264	6,466	1,451	37,367	19,261	294,809	0
	(ii)	10,623	298	67	1,724	-	-	0
3JON COHEN EXEC VICE PRES & DIV PRES	(i)	472,352	304,341	273,645	143,407	27,419	1,221,164	296,000
	(ii)	31,598	20,359	18,305	9,593	-	-	0
4MARK FANNING EXEC VP, HR & ADMIN	(i)	349,113	70,067	2,713	77,193	29,944	529,030	0
	(ii)	16,106	3,233	125	3,561	-	-	0
5STEPHEN KROMER SR VP & DIVISION COO	(i)	432,807	197,208	38,486	50,571	12,969	732,041	22,050
	(ii)	28,952	13,192	2,574	3,383	-	-	0
6SABRINA W LAINE SR VICE PRES & CHIEF OF STAFF	(i)	269,823	69,207	2,621	35,616	25,591	402,858	0
	(ii)	12,448	3,193	121	1,643	-	-	0
7MICHAEL KIRSCH EXEC VICE PRES & COO	(i)	306,911	35,846	1,451	27,868	28,003	400,079	0
	(ii)	14,159	1,654	67	1,286	-	-	0
8CHERYL JOAN VINCE SR VICE PRESIDENT	(i)	373,464	54,645	133,073	49,677	11,877	622,736	74,626
	(ii)	24,983	3,655	8,902	3,323	-	-	0
9JOSEPH WAGNER SR DIR, CONTRACTS/PROCUREMENT SERV	(i)	208,143	2,505	1,451	9,734	1,727	223,560	0
	(ii)	9,603	116	67	449	-	-	0
10DAVID OSHER VICE PRESIDENT & INST FELLOW	(i)	307,733	7,030	12,744	49,677	23,210	400,394	0
	(ii)	20,586	470	852	3,323	-	-	0
11GARY W PHILLIPS VICE PRESIDENT & INST FELLOW	(i)	241,266	200,582	7,856	49,350	11,740	510,794	0
	(ii)	16,139	13,418	526	3,301	-	-	0
12DAN GOLDHABER VICE PRESIDENT	(i)	312,878	46,865	928	17,461	23,990	402,122	0
	(ii)	20,930	3,135	62	1,168	-	-	0
13MAURICE MCINERNEY MANAGING RESEARCHER	(i)	13,532	0	381,914	3,443	1,599	400,488	0
	(ii)	0	0	0	0	-	-	0
14MARK KUTNER SR VICE PRESIDENT	(i)	334,747	87,950	6,334	53,000	27,211	509,242	0
	(ii)	0	0	0	0	-	-	0
15THOMAS J JESULATTIS FORMER CHIEF CONTRACT/GRANT OFFICER	(i)	204,827	2,375	8,012	50,663	13,232	279,109	0
	(ii)	9,450	110	370	2,337	-	-	0
16MARILYN L MOON FORMER SR VICE PRESIDENT	(i)	220,049	0	84,599	53,000	4,780	362,428	0
	(ii)	0	0	0	0	-	-	0
17LAURA SALGANIK FORMER SR VICE PRESIDENT	(i)	54,891	0	94,343	9,971	1,744	160,949	0
	(ii)	2,532	0	4,352	460	-	-	0
					80		7,424	

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	SEE PART V	178,600	SEE PART V		No
(2) MELISSA KUTNER	SEE PART V	68,281	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV, COLUMN B	LEWIS LTD - THE OWNER IS THE SON OF DELANO LEWIS, AN AIR BOARD MEMBER DELANO LEWIS OWNS 8 6% OF LEWIS LTD MELISSA KUTNER - DAUGHTER OF MARK KUTNER, FORMER KEY EMPLOYEE
PART IV, COLUMN D	LEWIS LTD - LEWIS LTD PROVIDED UPDATES TO PREVIOUSLY DEVELOPED PROPRIETARY TRAINING CURRICULUM USED ON SOME THIRD PARTY PROJECTS MELISSA KUTNER - REGULAR EMPLOYEE OF AIR

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
AMERICAN INSTITUTES FOR RESEARCH IN THE
BEHAVIORAL SCIENCES**Employer identification number**

25-0965219

**Return
Reference****Explanation**PAGE 1, PART 1,
LINE 1 AND PART
III, LINE 1AIR'S PURPOSE IS TO CONDUCT AND APPLY THE BEST BEHAVIORAL AND SOCIAL SCIENCE RESEARCH AND
EVALUATION TOWARDS IMPROVING PEOPLES' LIVES, WITH A SPECIAL EMPHASIS ON THE DISADVANTAGED THE
ACTIVITIES REPORTED HEREIN, HAVE BEEN COMPILED TO REFLECT THE RESULTS OF OPERATIONS AND FINANCIAL
STATUS OF THE LEGAL ENTITY AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES, AND PURSUANT
TO THE PROVISIONS OF FORM 990, EXCLUDE THE CONSOLIDATED RESULTS OF OTHER ORGANIZATIONS UNDER
COMMON CONTROL

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 CFO/TREASURER, LEGAL COUNSEL, AND THE EXECUTIVE VP OF HUMAN RESOURCES PRIOR TO BEING PROVIDED TO THE CEO/PRESIDENT AND 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)

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'S BOARD OF DIRECTORS COMPLETES AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND FOLLOWS A CONFLICT OF INTEREST POLICY IN ADDITION TO AIR'S CODE OF CONDUCT. THE CONFLICT OF INTEREST QUESTIONNAIRES ARE SUBMITTED TO AND REVIEWED BY LEGAL COUNSEL.

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 (THE COMPENSATION COMMITTEE IS COMPOSED ENTIRELY OF INDEPENDENT DIRECTORS) EACH YEAR THE COMMITTEE ENGAGES 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 ON A TIMELY BASIS AND MADE AVAILABLE UPON REQUEST TO AUTHORIZED PARTIES COMPENSATION DETERMINATION FOR OTHER KEY EMPLOYEES THAT ARE OFFICERS FOLLOWS THE SAME PROCESS AS USED FOR THE CEO THE NON-OFFICER KEY EMPLOYEES' COMPENSATION IS NOT SET BY THE COMPENSATION COMMITTEE BUT IS REVIEWED INTERNALLY USING THE SAME TYPES OF EXTERNALLY PUBLISHED DATA COMPARISONS BY THE RESPECTIVE PROGRAM DIRECTOR AND/OR THE CEO, WITH APPROVAL BY THE CEO

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

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>CONSULTANTS Program service expenses 12,868,323 Management and general expenses 2,038,511 Fundraising expenses 157,013 Total expenses 15,063,847 TEMPORARY HELP Program service expenses 23,288,208 Management and general expenses 1,174,014 Fundraising expenses 85,237 Total expenses 24,547,459 HONORARIA Program service expenses 1,586,827 Management and general expenses 464,483 Fundraising expenses 1,044 Total expenses 2,052,354</p> <p>TRANSLATORS/INTERPRETERS Program service expenses 80,547 Management and general expenses 0 Fundraising expenses 0 Total expenses 80,547 MEDIA BUYS Program service expenses 695,416 Management and general expenses 0 Fundraising expenses 0 Total expenses 695,416 SUBCONTRACTS Program service expenses 122,494,348 Management and general expenses 0 Fundraising expenses 0 Total expenses 122,494,348 RECRUITING ADS/AGENCY FEES Program service expenses 474,453 Management and general expenses 187,133 Fundraising expenses 29,572 Total expenses 691,158</p>

Return Reference	Explanation
Form 990, Part XI, line 9	REDUCTION IN THE CONTRIBUTION FUNDING -295,023

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 1A, EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIR AND CHAIRS OF THE AUDIT, FINANCE, GOVERNANCE, HUMAN RESOURCES, INVESTMENT, 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

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

Return Reference	Explanation
990, PART VII, SECTION B, DESCRIPTION OF SERVICES	DATA RECOGNITION CORP - PRINT, SCORE, DISTRIBUTE TEST REPORTS MEASUREMENT, INC - PRINT, SCORE, DISTRIBUTE TEST REPORTS PEARSON EDUC MEASUREMENT/NCS PEARSON, INC - PRINT, SCORE, DISTRIBUTE TEST REPORTS

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COLLEGE MEASURES LLC - FINAL RETURN 6003 EXECUTIVE BLVD 300 ROCKVILLE, MD 20852 45-2671930	SEE SCHEDULE R, PART VII	DE	11,610	0	AIR

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)AMERICAN INSTITUTES FOR RESEARCH UK LIMITED 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007	BEHAVIORAL AND SOCIAL SCIENCES RESEARCH AND APPLICATIONS	UK			AIR	Yes	
(2)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	
(3)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	
(4)SOUTHWEST EDUCATIONAL DEVELOPMENT CORP 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 74-1545911	SEE SCHEDULE R, PART VII	TX	501(C)(3)	7	AIR	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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) AIR HOLDING COMPANY 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 52-2205344	EDUCATIONAL SERVICES	DE	AMERICAN INSTITUTES FOR RESEARCH	C		1,717,693	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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)
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- 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	Yes	
1o	Yes	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)LEARNING POINT ASSOCIATES	Q	565,168	FAIR MARKET VALUE
(2)LEARNING POINT ASSOCIATES	S	69,599	FAIR MARKET VALUE
(3)NATIONAL CENTER ON FAMILY HOMELESSNESS	Q	281,263	FAIR MARKET VALUE
(4)NATIONAL CENTER ON FAMILY HOMELESSNESS	S	330,171	FAIR MARKET VALUE
(5)SOUTHWEST EDUCATIONAL DEVELOPMENT CORP	P	203,036	FAIR MARKET VALUE
(6)SOUTHWEST EDUCATIONAL DEVELOPMENT CORP	Q	16,240,941	FAIR MARKET VALUE

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]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART I, COLUMN B	COLLEGE MEASURES, LLC - TO INFORM AND IMPROVE THE DECISION-MAKING PROCESS ABOUT COLLEGE CHOICE AND DEGREE PROGRAMS FUTURE ECONOMIC CONSIDERATION FOR STUDENTS, PARENTS, AND POLICY MAKERS
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 NATIONAL CENTER ON FAMILY HOMELESSNESS - RESEARCH, TRAINING, PROGRAM DEVELOPMENT AND POLICY INITIATIVES DIRECTED TOWARDS ENDING FAMILY HOMELESSNESS SOUTHWEST EDUCATIONAL DEVELOPMENT CORP - EDUCATION RESEARCH, DEVELOPMENT AND DISSEMINATION OF INFO RE INSTRUCTIONAL IMPROVEMENT, PROFESSIONAL DEVELOPMENT AND EDUCATIONAL APPLICATIONS OF TECHNOLOGY

Additional Data

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Name: AMERICAN INSTITUTES FOR RESEARCH IN THE
BEHAVIORAL SCIENCES

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	LEARNING POINT ASSOCIATES	Q	565,168	FAIR MARKET VALUE
(1)	LEARNING POINT ASSOCIATES	S	69,599	FAIR MARKET VALUE
(2)	NATIONAL CENTER ON FAMILY HOMELESSNESS	Q	281,263	FAIR MARKET VALUE
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(4)	SOUTHWEST EDUCATIONAL DEVELOPMENT CORP	P	203,036	FAIR MARKET VALUE
(5)	SOUTHWEST EDUCATIONAL DEVELOPMENT CORP	Q	16,240,941	FAIR MARKET VALUE