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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1000 THOMAS JEFFERSON ST NW

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 200073835

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?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AIR ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box ☐ 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)

313

4 Number of independent voting members of the governing body (Part VI, line 1b)

412

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

52,201

6 Total number of volunteers (estimate if necessary)

60

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a-229,413

7b Net unrelated business taxable income from Form 990-T, line 34

7b-229,300

Revenue

8 Contributions and grants (Part VIII, line 1h)

8453,000,720

9 Program service revenue (Part VIII, line 2g)

9111,459

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

105,766,078

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

11-42,307

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12458,835,950

12457,805,054

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

13421,092

131,622,516

14 Benefits paid to or for members (Part IX, column (A), line 4)

140

140

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

15201,132,138

15215,083,239

16a Professional fundraising fees (Part IX, column (A), line 11e)

16a90,430

16a101,862

16b Total fundraising expenses (Part IX, column (D), line 25) ▶9,995,732

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

17218,874,391

17210,444,501

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

18420,518,051

18427,252,118

19 Revenue less expenses Subtract line 18 from line 12

1938,317,899

1930,552,936

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

20380,943,069

20435,565,954

21 Total liabilities (Part X, line 26)

21110,594,212

21110,862,346

22 Net assets or fund balances Subtract line 21 from line 20

22270,348,857

22324,703,608

Part II Signature Block

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

Sign Here

Signature of officer

2018-11-13

Date

MARIJO AHLGRIMM EXEC VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PATRICIA A O'MALLEYCPA

Preparer's signature

PATRICIA A O'MALLEYCPA

Date

Check ☐ 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

Phone no (301) 564-3636

BETHESDA, MD 208171818

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 196,314,244 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 179,676,408 including grants of \$) (Revenue \$ 151,466)
See Additional Data

4c (Code) (Expenses \$ 3,824,553 including grants of \$ 1,622,516) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 379,815,205

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,050
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	2,201
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	Yes
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	Yes
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 ► HO , PK , ZA , IV , TI , KG , HA 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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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.		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official.	Yes	
15b	Other officers or key employees of the organization.	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?		No
16b	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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AK, CA, CO, CT, GA, HI, 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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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 ☐

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

Form **990** (2017)

[illegible]

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 ▶ 574

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
DATA RECOGNITION CORP M177 PO BOX 1150 MINNEAPOLIS, MN 554801150	SEE SCHEDULE O	32,497,087
MEASUREMENT INC 423 MORRIS STREET DURHAM, NC 27701	SEE SCHEDULE O	24,429,910
RACKSPACE US INC P O BOX 730759 DALLAS, TX 753730759	SERVER HOSTING SERVICES	20,896,558
MIDTOWN PERSONNEL INC P O BOX 42576 WASHINGTON, DC 20015	TEMPORARY STAFFING SERVICES	5,938,002
ELITE PERSONNEL 3 BETHESDA METRO CENTER 510 BETHESDA, MD 20814	TEMPORARY STAFFING SERVICES	2,513,837

<p>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 ► 159</p>	
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Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	411,468,867			
f All other contributions, gifts, grants, and similar amounts not included above	1f	37,646,111			
g Noncash contributions included in lines 1a-1f \$ _____					
h Total. Add lines 1a-1f ▶		449,114,978			

Program Service Revenue

	Business Code				
2a MISC PROGRAM FEES	900099	73,305	73,305		
b PROVISION OF VARIATION SERVICES	900099	38,973	38,973		
c SPEAKING FEES	900099	19,788	19,788		
d CONFERENCE FEES	900099	19,400	19,400		
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		151,466			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		5,297,397			5,297,397
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶		1,708			1,708
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	81,893,397				
c Gain or (loss)	78,424,479				
d Net gain or (loss) ▶	3,468,918				3,468,918
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 UBIT LOSS FROM PARTNERSHIPS	900001	-229,413		-229,413	
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d ▶		-229,413			
12 Total revenue. See Instructions ▶		457,805,054	151,466	-229,413	8,768,023

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.	766,653	766,653		
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, line 15 and 16.	855,863	855,863		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	7,806,366	3,812,533	3,993,833	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	54,445	42,342	12,103	
7 Other salaries and wages.	166,526,048	143,827,496	16,233,203	6,465,349
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,417,554	11,067,189	839,478	510,887
9 Other employee benefits.	16,908,257	13,830,017	2,463,620	614,620
10 Payroll taxes.	11,370,569	9,799,927	1,135,341	435,301
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,525,834		1,525,834	
c Accounting.	311,328		311,328	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	101,862			101,862
f Investment management fees.	144,334		144,334	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	125,541,796	122,782,624	2,508,525	250,647
12 Advertising and promotion.				
13 Office expenses.	10,072,029	7,622,198	2,249,056	200,775
14 Information technology.	27,662,139	26,744,597	585,264	332,278
15 Royalties.				
16 Occupancy.	19,596,923	15,923,702	3,013,037	660,184
17 Travel.	10,409,138	9,668,874	509,677	230,587
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,948,511	5,332,619	573,288	42,604
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,139,957	2,381,876	618,602	139,479
23 Insurance.	760,522	375,938	377,889	6,695
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	4,253,924	4,253,924	0	0
b FOCUS GROUP FEES	623,276	623,276		
c				
d				
e All other expenses	454,790	103,557	346,769	4,464
25 Total functional expenses. Add lines 1 through 24e.	427,252,118	379,815,205	37,441,181	9,995,732
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		39,034,726	1	31,580,561
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		91,786,384	4	84,927,291
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,177,434	9	4,605,773
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	43,573,374		
	b	Less: accumulated depreciation	10b	29,324,361		
				17,778,626	10c	14,249,013
	11	Investments—publicly traded securities		210,576,509	11	289,365,945
	12	Investments—other securities. See Part IV, line 11		12,079,973	12	9,586,343
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		5,509,417	15	1,251,028	
16	Total assets. Add lines 1 through 15 (must equal line 34)		380,943,069	16	435,565,954	
Liabilities	17	Accounts payable and accrued expenses		67,841,694	17	70,165,697
	18	Grants payable			18	
	19	Deferred revenue		25,730,835	19	25,279,976
	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		17,021,683	25	15,416,673
	26	Total liabilities. Add lines 17 through 25		110,594,212	26	110,862,346
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		270,348,857	27	324,703,608
	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		270,348,857	33	324,703,608
	34	Total liabilities and net assets/fund balances		380,943,069	34	435,565,954

Part XI Reconciliation of Net AssetsCheck 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	457,805,054
2	Total expenses (must equal Part IX, column (A), line 25)	2	427,252,118
3	Revenue less expenses Subtract line 2 from line 1	3	30,552,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	270,348,857
5	Net unrealized gains (losses) on investments	5	23,801,815
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	324,703,608

Part XII Financial Statements and ReportingCheck 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 (2017)

Form 990, Part III, Line 4a:

AIR HAS THREE PROGRAMS ASSESSMENT, PROFESSIONAL SERVICES, AND GRANTMAKING THE ASSESSMENT DIVISION PROVIDES STUDENT ASSESSMENT SERVICES COLLABORATING WITH STATES AND DISTRICTS, IT DEVELOPS AND DEPLOYS COGNITIVE ASSESSMENT PROGRAMS TO YIELD INFORMATION ABOUT STUDENT PROGRESS THE PROGRAM FUSES STATISTICS, TECHNOLOGY, AND STANDARDS-ALIGNED CONTENT INTO K-12 FORMATIVE, SUMMATIVE, AND SUPPLEMENTAL PRODUCTS AND SERVICES PRIMARILY DELIVERED ON-LINE IT ALSO STUDIES THE VALIDITY OF ASSESSMENTS PERFORMED BY FEDERAL, STATE, AND LOCAL EDUCATION AGENCIES THE INFORMATION AND ANALYSES ENABLE (CONTINUED ON SCHEDULE O) SCHOOLS AND EDUCATION OVERSIGHT AGENCIES WITH THE ABILITY TO MEASURE COMPLIANCE WITH REQUIREMENTS OF FEDERAL AND STATE EDUCATION STANDARDS AND LAWS THIS ASSESSMENT PROGRAM HAS PIONEERED AND LEADS IN THE DELIVERY OF ON-LINE, COMPUTER-BASED, ADAPTIVE TESTING THE PROGRAM ALSO SERVES STUDENTS WITH PHYSICAL AND COGNITIVE DISABILITIES VIA ITS ALTERNATIVE ASSESSMENTS

Form 990, Part III, Line 4b:

THE PROFESSIONAL SERVICES DIVISION ACTIVITIES RANGE FROM RESEARCH AND EVALUATION TO TECHNICAL ASSISTANCE IN POLICY, PRACTICE AND SYSTEMS CHANGE THE RESEARCH AND EVALUATION WORK IS GROUNDED IN EVIDENCE AND PAIRS THE BEST METHODOLOGICAL AND STATISTICAL SCIENCE WITH SUBJECT MATTER EXPERTISE THAT CAN BE USED TO SHAPE AND INFORM STAKEHOLDER PROGRAMS AND POLICYMAKERS EXAMPLES OF FOCUS AREAS SPANNING THE LIFE COURSE OF INDIVIDUALS INCLUDE EARLY CHILDHOOD EDUCATION, LANGUAGE ACQUISITION AND LITERACY, SPECIAL EDUCATION, SCHOOL CLIMATE AND TURNAROUND, TEACHER EFFECTIVENESS, CAREER READINESS, ADULT LEARNING, PATIENT-CENTERED HEALTH OUTCOMES, MENTAL HEALTH SUPPORTS, JUVENILE JUSTICE AND AGING (CONTINUED ON SCHEDULE O) TO SUPPORT EVIDENCE-BASED DECISION-MAKING, SOLVE IMPORTANT RESEARCH QUESTIONS, AND ADDRESS PROGRAM AND INTERVENTION IMPLEMENTATION EFFECTIVENESS AND BUILD CAPACITY TO IMPROVE PROCESSES, OUTCOMES, AND SUSTAINABILITY RESEARCH ACTIVITIES ALSO MAKE USE OF - STATE-OF-THE-ART DESIGN, ANALYSIS, AND REPORTING METHODOLOGIES, INCLUDING RAPID-CYCLE AND RANDOMIZED CONTROLLED TRIALS - SURVEY AND ACQUISITION METHODOLOGIES FOR COLLECTING DATA TO INFORM RESEARCH - EFFICIENT AND EFFECTIVE ANALYTIC TOOLS AND TECHNIQUES - STATISTICAL AND SOCIAL SCIENCE METHODOLOGIES AIR'S ACTIVITIES THAT ARE FOCUSED ON POLICY, PRACTICE AND SYSTEMS CHANGE ALSO USE EVIDENCE-BASED METHODS AND STRATEGIES TO CREATE AND IMPROVE INFORMATION AVAILABLE FOR USE BY LEGISLATIVE, POLICY MAKING OR PUBLIC PRACTITIONER COMMUNITIES THE WORK AIMS TO STRENGTHEN THE KNOWLEDGE, SKILLS AND REPEATABLE INFRASTRUCTURES USED IN PROGRAM ADMINISTRATION BY PUBLIC-FACING CLIENTS THE ACTIVITIES INVOLVED IN THIS WORK ALSO INCLUDE - SYSTEMATIC LITERATURE REVIEWS TO IDENTIFY AND ANALYZE EXISTING RESEARCH, IN ORDER TO DISSEMINATE FINDINGS THAT INFORM SOCIAL SCIENCE PRACTICES - THE DESIGN, IMPLEMENTATION, AND EVALUATION OF COMMUNICATION AND BEHAVIOR CHANGE CAMPAIGNS TO MOTIVATE AND SUPPORT PEOPLE IN ADOPTING HEALTHY BEHAVIORS AND TO ADDRESS ISSUES SUCH AS HIV-AIDS PREVENTION, OPIOID ABUSE PREVENTION, TOBACCO CESSATION AND ABSTINENCE, OBESITY PREVENTION AND MANAGEMENT, AND CHILD PROTECTION - THE FACILITATION OF SYSTEMS CHANGE, INCLUDING THE IMPROVEMENT OF EDUCATION IN THE NATION'S POOREST DISTRICTS, WORKING WITH JUVENILE JUSTICE AGENCIES TO PREVENT RECIDIVISM, AND PARTNERING WITH MINISTRIES OF EDUCATION AND NONGOVERNMENTAL ORGANIZATIONS ABROAD TO IMPROVE BASIC LITERACY AND EARLY READING SKILLS - THE DESIGN AND EXECUTION OF PAY FOR SUCCESS PROGRAMS THAT PARTNER PUBLIC AND PRIVATE STAKEHOLDERS ON INNOVATIVE APPROACHES TO ADDRESS SOCIAL PROBLEMS SUCH AS HOMELESSNESS, DISADVANTAGED COMMUNITIES, AND LANGUAGE ACQUISITION FOR ENGLISH LEARNERS - THE USE OF TECHNOLOGY AS AN INTEGRAL COMPONENT OF OUR SERVICE DELIVERY STRATEGIES IN RESPONSIVE TO WEBSITE FUNCTIONALITY, DISTANCE LEARNING, DIGITAL AND SOCIAL MEDIA, AND GEOSPATIAL INFORMATION SYSTEMS

Form 990, Part III, Line 4c:

THE GRANTMAKING ACTIVITIES CARRY OUT BOARD DESIGNATIONS FROM A PORTION OF THE FUND BALANCE BEING SET ASIDE TO ACT AS A QUASI-ENDOWMENT. THE PURPOSE OF THE QUASI-ENDOWMENT IS 1) TO ENSURE LONG-TERM, FUTURE FINANCIAL STRENGTH OF AIR BASED ON ESTABLISHED COVENANTS, 2) TO SUPPORT THE NEEDS OF MAJOR NON-RECURRING TRANSACTIONS SUCH AS LOAN COLLATERALIZATION TO SUPPORT A MERGER OR ACQUISITION AND 3) TO FUND GRANT-MAKING INITIATIVES THAT CARRY OUT AIR'S MISSION THAT ARE OTHERWISE NOT FUNDED FROM THIRD-PARTY SOURCES. SPECIFICALLY, WITH REGARD TO THE THIRD PURPOSE ABOVE, THE BOARD OF DIRECTORS OVERSEES POLICY THAT AUTHORIZES THE ANNUAL EXPENDITURE OF A PORTION OF THE (CONTINUED ON SCHEDULE O) QUASI-ENDOWMENT TO MAKE AWARDS FOR RESTRICTED RESEARCH GRANTS ON SELECTED TOPICS. THE BOARD APPROVES THE GENERAL AREAS OF RESEARCH FEATURED FOR GRANT AWARD. THE AMOUNT OF THE ANNUAL APPROPRIATION IS DETERMINED WITH THE INTENTION OF MAINTAINING THE INFLATION-ADJUSTED PURCHASING POWER OF THE QUASI-ENDOWMENT AND IS BASED ON ITS TRAILING THIRTY-SIX MONTH FAIR MARKET VALUE. GRANT APPLICANTS ARE REQUIRED TO SUBMIT PROPOSALS DETAILING THE RESEARCH ACTIVITIES TO BE SUPPORTED BY THE GRANT IF AWARDED. A PANEL OF EXPERTS REVIEWS GRANT APPLICATIONS RELATED TO THE SELECTED RESEARCH AND TECHNICAL ASSISTANCE AREAS ALIGNED TO AIR'S MISSION AND MAKES FUNDING RECOMMENDATIONS TO AIR'S EXECUTIVE COMMITTEE FOR APPROVAL BY THE BOARD OF DIRECTORS. AFTER AWARD, GRANT RECIPIENTS ARE REQUIRED TO COMPLY WITH OBLIGATIONS TO PROVIDE PERIODIC AND FINAL PROGRESS REPORTS RELATED TO THE GRANT ACTIVITIES, EXPENDITURES AND ACCOMPLISHMENTS.

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 BD AND CMTE MEMBER, BD CHAIR	6 00	X		X				82,500	0	0
GREG BARONI BD AND CMTE MEMBER, BD CMTE CHAIR	5 00	X						59,961	0	0
LAWRENCE BOBO BD MEMBER, BD V CHAIR, BD CMTE CHAIR	5 00	X		X				53,750	0	0
SARA B KIESLER BD AND CMTE MEMBER, BD CMTE CHAIR	5 00	X						55,000	0	0
KATHY MCKINLESS BD AND CMTE MEMBER, BD CMTE CHAIR	5 00	X						67,234	0	0
SOL PELAVIN BD MEMBER, BD CMTE CHAIR, FMR PR	5 00	X						63,750	0	0
ROBERT F BORUCH BD AND CMTE MEMBER	2 00	X						28,750	0	0
NANCY CANTOR BRECHIN BD AND CMTE MEMBER	2 00	X						28,750	0	0
EDWARD HAMBURG BD AND CMTE MEMBER	4 00	X						46,250	0	0
DELANO LEWIS BD AND CMTE MEMBER	3 00	X						38,750	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 BD AND CMTE MEMBER	2 00	X						32,500	0	0
MANUEL PASTOR BD AND CMTE MEMBER	2 00	X						31,250	0	0
DAVID MYERS BOARD MEMBER, PRES & CEO	38 00	X		X				1,129,684	43,404	259,835
MARIJO AHLGRIMM TREASURER, EXEC VP & CFO	38 00			X				541,662	20,812	121,969
DONA KILPATRICK SECRETARY	38 00			X				270,023	10,374	63,282
JOSEPH WAGNER VP CONTRACTS, GRANTS & PROCUREMENT	39 00 1 00				X			245,009	9,414	24,036
SEAN BUCKLEY SR VICE PRESIDENT	39 00 1 00				X			450,427	21,570	22,430
STEPHEN KROMER SR VP & DIVISION COO	39 00 1 00				X			817,580	39,153	67,260
CHERYL JOAN VINCE SR VICE PRESIDENT	39 00 1 00				X			555,546	26,604	67,005
MICHAEL KIRSCH EXEC VICE PRES & COO	39 00 1 00				X			504,473	24,159	78,430

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			
JON COHEN EXEC VP & DIV PRES	39 00 1 00				X			1,237,672	59,270	184,547
MARK FANNING EXEC VP, CHIEF HUMAN CAP OFFICER	39 00 1 00				X			481,222	18,489	137,426
JOAN HOBBS VICE PRESIDENT	39 00 1 00					X		345,214	16,531	38,755
GARY W PHILLIPS VICE PRESIDENT & INST FEL	39 00 1 00					X		491,490	23,537	65,514
DAVID OSHER VICE PRESIDENT & INST FEL	39 00 1 00					X		347,975	16,664	79,498
DAN GOLDBABER VICE PRESIDENT	39 00 1 00					X		334,670	16,026	45,577
DWAYNE G NORRIS SR VICE PRESIDENT, HR & ADMIN	39 00 1 00					X		352,467	16,879	70,302

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Employer identification number

25-0965219

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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 ☐ **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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	347,857,812	384,797,411	469,315,779	453,000,720	449,114,978	2,104,086,700
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	347,857,812	384,797,411	469,315,779	453,000,720	449,114,978	2,104,086,700
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						2,104,086,700

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	347,857,812	384,797,411	469,315,779	453,000,720	449,114,978	2,104,086,700
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,550,291	3,979,018	2,853,383	3,684,540	5,299,105	18,366,337
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						2,122,453,037
12	Gross receipts from related activities, etc. (see instructions)					12	1,350,113
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 2017 (line 6, column (f) divided by line 11, column (f))	14 99.130 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 99.200 %
16a	33 1/3% support test—2017. 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 checked="" type="checkbox"/>	
b	33 1/3% support test—2016. 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—2017. 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—2016. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

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>		
	1	
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>		
	2	

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>		
	1	

Section D. All Type III Supporting Organizations

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

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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.

	Yes	No
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>		
	2a	
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>		
	2b	
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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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 (explain in Part VI) **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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE
BEHAVIORAL SCIENCES

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

efile GRAPHIC print - DO NOT PROCESS

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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

2017

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?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	206,005,631	171,885,596	150,342,619		
b	28,000,000	26,574,661	22,265,231	150,342,619	
c	31,934,253	9,620,035	1,007,220		
d	3,339,811	2,074,661	1,729,474		
e					
f					
g	262,600,073	206,005,631	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

c

Temporarily restricted endowment

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?

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		27,777,089	17,041,245	10,735,844
d Equipment		9,711,498	8,374,506	1,336,992
e Other		6,084,787	3,908,610	2,176,177
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				14,249,013

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	15,416,673
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	15,416,673

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ANNUALLY, THE BOARD OF DIRECTORS DESIGNATES A PORTION OF THE EXCESS OF REVENUES LESS EXPENSES TO BE ADDED TO THE FUND BALANCE ESTABLISHED TO ACT AS A QUASI-ENDOWMENT THE PURPOSE OF THE QUASI-ENDOWMENT IS TO 1) ENSURE LONG-TERM, FUTURE FINANCIAL STRENGTH, 2) TO SUPPORT THE NEEDS OF MAJOR NON-RECURRING TRANSACTIONS SUCH AS LOAN COLLATERALIZATION SUPPORTING A MERGER OR ACQUISITION 3) TO FUND GRANT-MAKING INITIATIVES THAT CARRY OUT AIR'S MISSION AND ARE OTHERWISE NOT FUNDED BY OTHER SOURCES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>AIR IS SUBJECT TO INCOME TAX REGULATIONS DEPENDENT ON THE TAX STATUS OF ITS SUBSIDIARIES AS DETERMINED BY THE INTERNAL REVENUE CODE (IRC) OR APPLICABLE FOREIGN AUTHORITY ORGANIZATIONS EXEMPT FROM INCOME TAX PURSUANT TO IRC SECTION 501(C)(3) ARE SUBJECT TO INCOME TAX ONLY ON UNRELATED BUSINESS INCOME AIR'S TAXABLE ENTITIES ACCOUNT FOR INCOME TAXES USING THE LIABILITY METHOD, PURSUANT TO WHICH DEFERRED INCOME TAXES REFLECT THE NET TAX EFFECTS OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AMOUNTS OF ASSETS AND LIABILITIES FOR FINANCIAL REPORTING PURPOSES AND THE AMOUNTS USED FOR INCOME TAX PURPOSES AIR'S FOREIGN-REGISTERED NONPROFIT OPERATIONS ARE NOT SUBJECT TO INCOME TAX THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION IS RECOGNIZED WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION AIR'S MANAGEMENT HAS PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AIR'S TAX RETURNS ARE SUBJECT TO PERIODIC EXAMINATION BY TAXING AUTHORITIES, HOWEVER, THERE ARE CURRENTLY NO EXAMINATIONS IN PROGRESS MANAGEMENT BELIEVES AIR IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR ANY YEARS PRIOR TO 2014</p>

**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

2017

**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 Activities 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	8	330			11,717,714
b Total from continuation sheets to Part I					8,285,223
c Totals (add lines 3a and 3b)	8	330			20,002,937

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	746,960	CHECK AND ACH TRANSFER			
(2)			SUB-SAHARAN AFRICA	SEE SCHEDULE F, PART V	108,863	WIRE TRANSFER			
(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 1

3 Enter total number of other organizations or entities 1

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 separately 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 separately 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).

Return Reference	Explanation
PART I, LINE 2	AIR'S ACTIVITIES OUTSIDE THE UNITED STATES CONSIST EITHER OF 1 THE IMPLEMENTATION, MONITORING, EVALUATION, OVERSIGHT, AND ADMINISTRATION OF SPONSORING AGENCY PROGRAMS IN DEVELOPING COUNTRIES THE AMOUNT OF THESE ACTIVITIES IS DETERMINED BY THE CONTRACT OR GRANT AWARDED TO AIR FOR THE ABOVE ACTIVITIES 2 THE QUASI-ENDOWMENT'S INVESTMENTS, AS A LIMITED PARTNER, IN PRIVATE EQUITY PARTNERSHIPS DOMICILED IN THE SPECIFIED REGIONS

Return Reference	Explanation
SCHEDULE F, PART I, COLUMN E	AIR IMPLEMENTS PROGRAMS INITIATED BY U S AND INTERNATIONAL DEVELOPMENT AID AGENCIES AND ORGANIZATIONS DURING 2017, AIR WAS IMPLEMENTING PROGRAMS SPONSORED BY THE U S AGENCY FOR INTERNATIONAL DEVELOPMENT IN KYRGYZSTAN, TAJIKISTAN, ETHIOPIA, HAITI, HONDURAS, EL SALVADOR, NICARAGUA, AND COTE D'IVOIRE SIMILARLY, PROGRAMS SPONSORED BY UNICEF, THE WORLD BANK, OR EUROPEAN DEVELOPMENTAL AID AGENCIES WERE BEING IMPLEMENTED IN ZAMBIA, MOZAMBIQUE, MALAWI, SENEGAL, AND BANGLADESH IN PROGRAM IMPLEMENTATION, AIR WORKS WITH IN-COUNTRY MINISTRIES OF EDUCATION AND CITIZEN STAKEHOLDERS, INCLUDING CHILDREN, FAMILIES, TEACHERS AND COMMUNITY LEADERS, TO REDUCE IMPEDIMENTS TO AND IMPROVE EDUCATIONAL AND OTHER OUTCOMES IN DEVELOPING COUNTRIES

Return Reference	Explanation
SCHEDULE F, PART II, COLUMN D	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

Return Reference	Explanation
SCHEDULE F, PART I, COLUMN E	MIDDLE EAST AND NORTH AFRICA DURING 2017, AIR WAS IMPLEMENTING IN LEBANNON, A RESEARCH AND EVALUATION PROGRAM, INITIATED BY UNITED NATIONS CHILDREN'S FUND (UNICEF) THE PROGRAM AIMED TO PROVIDE RIGOROUS EVIDENCE OF THE EFFECTIVENESS OF CASH TRANSFER IN HELPING DISPLACED CHILDREN ATTEND PUBLIC PRIMARY SCHOOL IN ORDER TO INFORM A DECISION ON WHETHER AND HOW TO SCALE-UP NATIONALLY

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
SOUTH ASIA	0	5	PROGRAM SERVICES	SEE SCHEDULE F, PART V	134,981
SUB-SAHARAN AFRICA	2	73	PROGRAM SERVICES	SEE SCHEDULE F, PART V	3,829,632

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
KYRGYZSTAN AND TAJIKISTAN	2	37	PROGRAM SERVICES	SEE SCHEDULE F, PART V	3,315,325
CENTRAL AMERICA AND THE CARIBBEAN	4	196	PROGRAM SERVICES	SEE SCHEDULE F, PART V	4,189,605

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)	0	11	PROGRAM SERVICES	SEE SCHEDULE F, PART V	111,047
MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	SEE SCHEDULE F, PART V	32,697

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
EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES	SEE SCHEDULE F, PART V	91,375
SOUTH AMERICA	0	0	PROGRAM SERVICES	SEE SCHEDULE F, PART V	13,052

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	0	0	INVESTMENTS		8,277,247
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		7,976

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318113278																																																																																							
SCHEDULE G (Form 990 or 990-EZ)		Supplemental Information Regarding Fundraising or Gaming Activities			OMB No 1545-0047																																																																																						
Department of the Treasury Internal Revenue Service		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.			2017																																																																																						
		▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .			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 <input type="checkbox"/> Mail solicitations		e <input checked="" type="checkbox"/> Solicitation of non-government grants																																																																																									
b <input type="checkbox"/> Internet and email solicitations		f <input checked="" type="checkbox"/> Solicitation of government grants																																																																																									
c <input type="checkbox"/> Phone solicitations		g <input type="checkbox"/> Special fundraising events																																																																																									
d <input type="checkbox"/> In-person solicitations																																																																																											
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.																																																																																											
<table><tr><th rowspan="2">(i) Name and address of individual or entity (fundraiser)</th><th rowspan="2">(ii) Activity</th><th colspan="2">(iii) Did fundraiser have custody or control of contributions?</th><th rowspan="2">(iv) Gross receipts from activity</th><th rowspan="2">(v) Amount paid to (or retained by) fundraiser listed in col (i)</th><th rowspan="2">(vi) Amount paid to (or retained by) organization</th></tr><tr><th>Yes</th><th>No</th></tr><tr><td>1 PETER W COOKSON JR 3020 DENT PLACE NW APT 12W WASHINGTON, DC 20007</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>17,322</td><td>-17,322</td></tr><tr><td>2 SCOTT PULIZZI 7960 SOQUEL DR STE B 145 APTOS, CA 95003</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>14,935</td><td>-14,935</td></tr><tr><td>3 ALWYN CASSIL 9507 THORNHILL RD SILVER SPRING, MD 20901</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>6,736</td><td>-6,736</td></tr><tr><td>4 BARBARA JUNE TOYE-WELSH GS-22 SOUTH GOLF RED SEA EL GOUNA, EG</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>6,515</td><td>-6,515</td></tr><tr><td>5 KRISTI RUSCH 100 BROOKFIELD AVE CHATTANOOGA, TN 37411</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>6,387</td><td>-6,387</td></tr><tr><td>6 AHMED MOHAMED ISMAIL 15 Z AL AHRAH GARDEN GIZA, EG</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>6,199</td><td>-6,199</td></tr><tr><td>7 JOHN E LEONARD 812 LINDSEY MANOR LANE SILVER SPRING, MD 20905</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>5,882</td><td>-5,882</td></tr><tr><td>8 STEPHEN A WANDNER 6805 CARLYNN COURT BETHESDA, MD 20817</td><td>SEE SCHEDULE G, PART IV</td><td></td><td>No</td><td>0</td><td>5,081</td><td>-5,081</td></tr><tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">Total ▶</td><td></td><td>69,057</td><td>-69,057</td></tr></table>						(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 PETER W COOKSON JR 3020 DENT PLACE NW APT 12W WASHINGTON, DC 20007	SEE SCHEDULE G, PART IV		No	0	17,322	-17,322	2 SCOTT PULIZZI 7960 SOQUEL DR STE B 145 APTOS, CA 95003	SEE SCHEDULE G, PART IV		No	0	14,935	-14,935	3 ALWYN CASSIL 9507 THORNHILL RD SILVER SPRING, MD 20901	SEE SCHEDULE G, PART IV		No	0	6,736	-6,736	4 BARBARA JUNE TOYE-WELSH GS-22 SOUTH GOLF RED SEA EL GOUNA, EG	SEE SCHEDULE G, PART IV		No	0	6,515	-6,515	5 KRISTI RUSCH 100 BROOKFIELD AVE CHATTANOOGA, TN 37411	SEE SCHEDULE G, PART IV		No	0	6,387	-6,387	6 AHMED MOHAMED ISMAIL 15 Z AL AHRAH GARDEN GIZA, EG	SEE SCHEDULE G, PART IV		No	0	6,199	-6,199	7 JOHN E LEONARD 812 LINDSEY MANOR LANE SILVER SPRING, MD 20905	SEE SCHEDULE G, PART IV		No	0	5,882	-5,882	8 STEPHEN A WANDNER 6805 CARLYNN COURT BETHESDA, MD 20817	SEE SCHEDULE G, PART IV		No	0	5,081	-5,081	9							10							Total ▶					69,057	-69,057
(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 PETER W COOKSON JR 3020 DENT PLACE NW APT 12W WASHINGTON, DC 20007	SEE SCHEDULE G, PART IV		No	0	17,322	-17,322																																																																																					
2 SCOTT PULIZZI 7960 SOQUEL DR STE B 145 APTOS, CA 95003	SEE SCHEDULE G, PART IV		No	0	14,935	-14,935																																																																																					
3 ALWYN CASSIL 9507 THORNHILL RD SILVER SPRING, MD 20901	SEE SCHEDULE G, PART IV		No	0	6,736	-6,736																																																																																					
4 BARBARA JUNE TOYE-WELSH GS-22 SOUTH GOLF RED SEA EL GOUNA, EG	SEE SCHEDULE G, PART IV		No	0	6,515	-6,515																																																																																					
5 KRISTI RUSCH 100 BROOKFIELD AVE CHATTANOOGA, TN 37411	SEE SCHEDULE G, PART IV		No	0	6,387	-6,387																																																																																					
6 AHMED MOHAMED ISMAIL 15 Z AL AHRAH GARDEN GIZA, EG	SEE SCHEDULE G, PART IV		No	0	6,199	-6,199																																																																																					
7 JOHN E LEONARD 812 LINDSEY MANOR LANE SILVER SPRING, MD 20905	SEE SCHEDULE G, PART IV		No	0	5,882	-5,882																																																																																					
8 STEPHEN A WANDNER 6805 CARLYNN COURT BETHESDA, MD 20817	SEE SCHEDULE G, PART IV		No	0	5,081	-5,081																																																																																					
9																																																																																											
10																																																																																											
Total ▶					69,057	-69,057																																																																																					
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, DC, FL, GA, HI, IL, KS, MA, MD, ME, MI, MN, MO, MS, NC, NH, NJ, NM, NY, NV, OH, OR, PA, RI, SC, TN, UT, VA, WA, OK																																																																																											
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017																																																																																											

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)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
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

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

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 provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART 1, LINE 2B, COLUMN II - ACTIVITY OF FUNDRAISERS	PROVIDING TECHNICAL SUPPORT ON GRANT AND AWARD APPLICATIONS FUNDRAISING CONSISTS OF THE COSTS INCURRED TO DESIGN SOLUTIONS THAT RESPOND TO POTENTIAL CUSTOMERS' REQUESTS FOR PROPOSALS. IT PRIMARILY CONSISTS OF INTERNAL LABOR AND AN ALLOCATION OF FRINGE BENEFITS AND OVERHEAD IN PROPORTION TO THE LABOR. AIR STAFF ARE NOT HIRED SPECIFICALLY FOR THIS FUNDRAISING ACTIVITY BUT OCCASIONALLY SPEND A PORTION OF THEIR WORK EFFORT DEDICATED TO THE OBJECTIVE. OCCASIONALLY AIR UTILIZES OUTSIDE CONSULTANTS TO PROVIDE TECHNICAL ASSISTANCE IN THE WRITING OF SERVICE SOLUTIONS. THE AMOUNT EXPENDED FOR THESE ACTIVITIES VARIES ANNUALLY AND DIRECTLY BASED ON THE PROGRAMMATIC NEEDS OF THE AGENCY CUSTOMERS SERVED BY AIR'S MISSION. MOST AWARDS THAT RESULT FROM THIS ANNUAL FUNDRAISING ACTIVITY WILL HAVE MULTI-YEAR DURATIONS.

Schedule G (Form 990 or 990-EZ) 2017

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
25-0965219

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

14

3

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

0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 REPORTED HEREIN PURSUANT TO THE APPLICABLE PROVISION OF THE INTERNAL REVENUE SERVICE CODE AIR MAKES A FEW RESTRICTED GRANTS OR PROVIDES NON-CASH SUPPORTS ANNUALLY THAT ARE GREATER THAN \$20,000 RECIPIENT ORGANIZATIONS MUST HAVE A PURPOSE THAT IS ALIGNED TO AIR'S MISSION APPLICANTS MUST SUBMIT GRANT PROPOSALS DETAILING THE COST AND ACTIVITIES TO BE SUPPORTED BY AN AWARD FOLLOWING AWARD, GRANTEES ARE REQUIRED TO PROVIDE PERIODIC AND FINAL PROGRESS REPORTS RELATED TO THE GRANT ACTIVITIES AND ACHIEVEMENTS
SCHEDULE I, PART II, LINE 1, COLUMN (H), A GRANT WAS AWARDED TO	- THE BROOKINGS INSTITUTION TO SUPPORT THE INSTITUTION'S AND AIR'S RESEARCH PROJECT ON EVALUATION OF EDUCATION SYSTEMS DESIGNED TO BOOST POST-SECONDARY PARTICIPATION - KAISER FOUNDATION TO SUPPORT THE FOUNDATION'S AND AIR'S RESEARCH PROJECT WHICH EXAMINES INEQUALITY IN FAMILY LEAVE POLICIES AND MATERNAL AND CHILD HEALTH OUTCOMES

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
EDUCATION WRITERS ASSOCIATION 3516 CONNECTICUT AVENUE NW WASHINGTON, DC 20008	23-7439790	501(C)(3)	18,000		FMV		TO SUPPORT EWA'S NATIONAL SEMINARS
HECHINGER INSTITUTE ON EDUCATION AND THE MEDIA 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-1624202	501(C)(3)	18,000		FMV		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
AMERICAN EDUCATIONAL RESEARCH ASSOCIATION 1430 K STREET NW SUITE 1200 WASHINGTON, DC 20005	23-7003537	501(C)(3)	8,500		FMV		CONTRIBUTIONS FOR AERA FRIEND OF BROWN LECTURE
THE GASTON & PORTER HEALTH IMPROVEMENT CTR INC 8612 TIMBER HILL LN POTOMAC, MD 20854	03-0455203	501(C)(3)	53,756		FMV		OFFICE SUPPORT FOR FACILITY/IT SERVICES

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
SOCIETY FOR RESEARCH ON EDUCATION EFFECTS (SREE) 2040 SHERIDAN ROAD EVANSTON, IL 60208	26-4739791	501(C)(3)	29,865		FMV		OFFICE SUPPORT FOR FACILITY/IT SERVICES
CHILD WELFARE LEAGUE OF AMERICA (CWLA) 727 15TH STREET NW SUITE 1200 WASHINGTON, DC 20005	13-1641066	501(C)(3)	50,000		FMV		SPONSORSHIP OF CWLA CONFERENCES

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
PERFECT HEART INC 9151 ESTATE THOMAS SUITE 202 ST THOMAS, VI 00802	66-0889707	501(C)(3)	10,000		FMV		DONATION FOR REBUILDING WORK IN CARIBBEAN AFTER 2017 HURRICANE SEASON
GLOBAL EMPOWERMENT MISSION INC 1040 BISCAYNE BLVD SUITE 2403 MIAMI, FL 33132	45-3782061	501(C)(3)	10,000		FMV		DONATION FOR REBUILDING WORK IN CARIBBEAN AFTER 2017 HURRICANE SEASON

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
EDUCATION SERVICE CENTER REGION II 209 NORTH WATER STREET CORPUS CHRISTI, TX 78401	74-1587916	501(C)(3)	10,000		FMV		DONATION FOR HURRICANE HARVEY RECOVERY IN REGION 2 SCHOOLS
GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DRIVE SUITE 6000 HOUSTON, TX 77056	23-7160400	501(C)(3)	10,000		FMV		DONATION TO THE HURRICANE HARVEY RELIEF FUND

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
UNIVERSITY SYSTEM OF MARYLAND FOUNDATION INC 3300 METZEROTT ROAD ADELPHI, MD 20783	52-1125663	501(C)(3)	10,000		FMV		SUPPORT FOR UMD 2018 SPONSORED CONFERENCE ON PROGRAM EVALUATION
THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	53-0196577	501(C)(3)	124,950		FMV		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
KAISER FOUNDATION 1800 HARRISON STREET 16TH FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	63,790		FMV		SEE SCHEDULE I, PART IV
SAY YES TO EDUCATION ONE STATE STREET 20TH FLOOR HARTFORD, CT 06103	22-3139858	501(C)(3)	271,722		FMV		GRANT TO SUPPORT SAY YES TO EDUCATION'S CREATION OF CENTER FOR COMMUNITY SUCCESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

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 style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </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 style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div>	4a	No
<div style="margin-left: 20px;"> b Participate in, or receive payment from, a supplemental nonqualified retirement plan? </div>	4b Yes	
<div style="margin-left: 20px;"> c Participate in, or receive payment from, an equity-based compensation arrangement? </div> 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: <div style="margin-left: 20px;"> a The organization? </div>	5a	No
<div style="margin-left: 20px;"> b Any related organization? </div> 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: <div style="margin-left: 20px;"> a The organization? </div>	6a	No
<div style="margin-left: 20px;"> b Any related organization? </div> 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 nonfixed 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	

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.

See Additional Data Table

[illegible]

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	THE COMPANY LIMITS THE USE OF CORPORATE CREDIT CARDS BY EMPLOYEES THAT CREATE DIRECT LIABILITY TO THE ORGANIZATION. SUCH CARDS ARE LIMITED TO OFFICERS AND KEY EMPLOYEES FOR USE IN PROCURING BUSINESS-RELATED TRAVEL. CHARGES TO THE CORPORATE LIABILITY CARDS ARE REVIEWED REGULARLY AND RECONCILED FOR COMPLETENESS AND SUBSTANTIATION OF BUSINESS PURPOSE. ANY TRAVEL PROCURED AND PAID FOR COMPANIONS IS APPROVED ON AN EXCEPTION BASIS AND IS GENERALLY DE MINIMIS AND ALSO REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL.
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 THAT THE INDIVIDUAL WOULD HAVE RECEIVED HAD THEIR PARTICIPATION IN AIR'S DEFINED CONTRIBUTION PLAN NOT BEEN SUBJECT TO STATUTORY LIMITATIONS. THE CONTRIBUTIONS TO THE DEFERRED COMPENSATION PLAN ARE SUBJECT TO VESTING PROVISIONS THAT ALSO SERVE TO INCENT THE EXECUTIVE'S RETENTION. THE PARTICIPANTS IN THE DEFERRED COMPENSATION PLAN ARE APPROVED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. DEFERRED COMPENSATION AWARDS (EARNED BUT NONVESTED AND UNPAID) DURING 2017: DAVID MYERS, PRESIDENT AND CHIEF EXECUTIVE OFFICER \$ 184,577; JON COHEN, PRESIDENT AIR ASSESSMENT, \$ 100,000; MARIJO AHLGRIMM, CHIEF FINANCIAL OFFICER, \$ 77,274; MARK FANNING, EXECUTIVE VICE PRESIDENT HUMAN CAPITAL AND ADMINISTRATION \$ 48,459; STEPHEN KROMER, CHIEF OPERATING OFFICER, AIR ASSESSMENT \$ 27,000; MICHAEL KIRSCH, CHIEF OPERATING OFFICER, AIR'S PROFESSIONAL SERVICES, \$ 23,715.
PART I, LINE 7	IN ADDITION TO BASE SALARY, AN EXECUTIVE INCENTIVE PLAN ENABLES THE USE OF VARIABLE COMPENSATION IN RECOGNIZING INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE VERSUS PREVIOUSLY ESTABLISHED GOALS. OFFICERS AND CERTAIN KEY EMPLOYEE ROLES QUALIFY FOR RECOGNITION PURSUANT TO THIS PLAN. NON-SENIOR OFFICERS, NON-OFFICER HIGHLY COMPENSATED AND CERTAIN OTHER KEY EMPLOYEES ARE ELIGIBLE TO RECEIVE VARIABLE COMPENSATION PURSUANT TO A DISCRETIONARY BONUS PROGRAM DESIGNED TO RECOGNIZE EXCEPTIONAL PERFORMANCE. 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.
SCHEDULE J, PART II, COLUMNS B, C AND D	SCHEDULE J, PART II, COLUMN B (III). THE AMOUNTS REPORTED IN COLUMN B (III) FOR MR. STEPHEN KROMER INCLUDE \$36,813 FOR DEFERRED COMPENSATION VESTED AND PAID IN 2017 PURSUANT TO THE AFOREMENTIONED NON-QUALIFIED COMPENSATION PLAN (SEE SCHEDULE J, PART III SUPPLEMENTAL INFORMATION FOR SCHEDULE J, PART I, LINE 4B), AND \$75,000 AS RETENTION PAYMENT. SCHEDULE J, PART II, COLUMN C. AMOUNTS REPORTED IN COLUMN C REPRESENT AIR'S UNVESTED 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. SCHEDULE J, PART II COLUMN D. NONTAXABLE BENEFITS REPRESENT PREMIUMS PAID 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)	655,553	469,174	4,957	229,750	20,471	1,379,905	0
	(ii)	25,187	18,026	191	8,827	787	53,018	0
1MARIJO AHLGRIMM TREASURER, EXEC VP & CFO	(i)	393,212	145,220	3,230	98,172	19,284	659,118	0
	(ii)	15,108	5,580	124	3,772	741	25,325	0
2DONA KILPATRICK SECRETARY	(i)	246,093	13,676	10,254	39,992	20,948	330,963	0
	(ii)	9,455	525	394	1,537	805	12,716	0
3JOSEPH WAGNER VP CONTRACTS, GRANTS & PROCUREMENT	(i)	225,588	0	19,421	19,647	3,500	268,156	0
	(ii)	8,668	0	746	755	134	10,303	0
4SEAN BUCKLEY SR VICE PRESIDENT	(i)	370,792	78,730	905	11,181	10,224	471,832	0
	(ii)	17,757	3,770	43	535	490	22,595	0
5STEPHEN KROMER SR VP & DIVISION COO	(i)	480,884	220,539	116,157	52,090	12,095	881,765	22,500
	(ii)	23,029	10,561	5,563	2,496	579	42,228	0
6CHERYL JOAN VINCE SR VICE PRESIDENT	(i)	395,646	97,816	62,084	51,532	12,411	619,489	0
	(ii)	18,947	4,684	2,973	2,468	594	29,666	0
7MICHAEL KIRSCH EXEC VICE PRES & COO	(i)	381,985	119,288	3,200	45,920	28,926	579,319	0
	(ii)	18,293	5,713	153	2,199	1,385	27,743	0
8JON COHEN EXEC VP & DIV PRES	(i)	523,384	712,576	1,712	146,962	29,151	1,413,785	0
	(ii)	25,064	34,124	82	7,038	1,396	67,704	0
9MARK FANNING EXEC VP, CHIEF HUMAN CAP OFFICER	(i)	372,934	103,330	4,958	98,668	33,673	613,563	0
	(ii)	14,329	3,970	190	3,791	1,294	23,574	0
10JOAN HOBBS VICE PRESIDENT	(i)	247,018	45,568	52,628	25,295	11,689	382,198	0
	(ii)	11,829	2,182	2,520	1,211	560	18,302	0
11GARY W PHILLIPS VICE PRESIDENT & INST FEL	(i)	245,502	230,654	15,334	50,245	12,275	554,010	0
	(ii)	11,757	11,046	734	2,406	588	26,531	0
12DAVID OSHER VICE PRESIDENT & INST FEL	(i)	326,143	11,452	10,380	51,532	24,333	423,840	0
	(ii)	15,619	548	497	2,468	1,165	20,297	0
13DAN GOLDBABER VICE PRESIDENT	(i)	283,644	49,910	1,116	18,114	25,381	378,165	0
	(ii)	13,583	2,390	53	867	1,215	18,108	0
14DWAYNE G NORRIS SR VICE PRESIDENT, HR & ADMIN	(i)	295,310	55,445	1,712	39,018	28,071	419,556	0
	(ii)	14,142	2,655	82	1,869	1,344	20,092	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN INSTITUTES FOR RESEARCH IN THE
BEHAVIORAL SCIENCES**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

2017**Open to Public
Inspection****Employer identification number**

25-0965219

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1 AND PART III, LINE 1	AIR'S MISSION IS TO CONDUCT AND APPLY THE BEST BEHAVIORAL AND SOCIAL SCIENCE RESEARCH TO IMPROVE PEOPLES' LIVES, WITH A SPECIAL EMPHASIS ON THE DISADVANTAGED. IN FULFILLING THIS MISSION, AIR CONDUCTS RIGOROUS RESEARCH AND EVALUATION, PROVIDES LEADING EDGE STUDENT AND PROFESSIONAL ASSESSMENTS, AND APPLIES EVIDENCE-BASED PRACTICES TO ADDRESS COMPLEX SOCIAL ISSUES AFFECTING AND IMPROVING THE LIVES OF INDIVIDUALS, BOTH DOMESTICALLY AND INTERNATIONALLY. VIA COMPETITIVELY AWARDED CONTRACTS AND GRANTS, AIR SUPPORTS PROGRAMMATIC NEEDS OF FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES, INCLUDING THE U.S. DEPARTMENTS OF EDUCATION, HEALTH AND HUMAN SERVICES, JUSTICE, LABOR AND THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT. IT ALSO WORKS WITH NON-GOVERNMENTAL ORGANIZATIONS SUCH AS UNICEF AND MANY OTHER MISSION-ORIENTED FOUNDATIONS AND NONPROFITS. THE ACTIVITIES REPORTED HEREIN REFLECT THE RESULTS OF OPERATIONS AND FINANCIAL STATUS OF THE AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES (AIR). PURSUANT TO THE PROVISIONS OF THIS FORM 990, THE INFORMATION EXCLUDES THE RESULTS OF OTHER ENTITIES UNDER AIR'S CONTROL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>1 THE FORM 990 IS PREPARED INTERNALLY UNDER THE GUIDANCE OF THE CHIEF EXECUTIVE OFFICER (CEO)/PRESIDENT AND CHIEF FINANCIAL OFFICER (CFO)/TREASURER</p> <p>2 THE FORM 990 IS REVIEWED 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 AUDIT COMMITTEE AND COMPENSATION COMMITTEE</p> <p>3 THE FORM 990 IS REVIEWED BY THE AUDIT AND COMPENSATION COMMITTEES OF THE BOARD AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, AIR REQUIRES THE MEMBERS OF ITS BOARD OF DIRECTORS, OFFICERS, EXECUTIVES AND KEY LEADERS TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE FORM. REQUIRED DISCLOSURES INCLUDE ANY RELATIONSHIP, OWNERSHIP INTEREST, CONTROL OR TRANSACTION WHICH MAY POSE AN ACTUAL OR PERCEIVED CONFLICT THAT COULD IMPACT AIR'S OPERATIONS OR INDEPENDENCE. THE DISCLOSURES ARE REVIEWED AND ADJUDICATED BY THE GENERAL COUNSEL AND ETHICS OFFICER, AND THE CHIEF FINANCIAL OFFICER. INTERNAL CONTROLS HAVE BEEN ESTABLISHED IN AIR'S OPERATIONS TO ENSURE THAT TRANSACTIONS WITH RELATED PARTIES, IF ANY, ARE IDENTIFIED AND REVIEWED IN ADVANCE BY THE BOARD OF DIRECTORS AND APPROVED FOR EXECUTION INCLUSIVE OF ARMS LENGTH THRESHOLDS. LASTLY, ALL EMPLOYEES ARE REQUIRED TO COMPLY WITH THE CODE OF CONDUCT, WHICH PROVIDES GUIDANCE ON CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION, FRINGE BENEFITS AND RELATED POLICIES FOR THE INDIVIDUALS LISTED HEREIN ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE IS COMPRISED ENTIRELY OF INDEPENDENT DIRECTORS. ANNUALLY, THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO PERFORM COMPARABILITY REVIEWS OF EXECUTIVE COMPENSATION USING EXTERNALLY PUBLISHED DATA. THIS INFORMATION IS CONSIDERED IN THE DETERMINATION OF TOTAL COMPENSATION FOR THESE INDIVIDUALS AND INCLUDES THE COMMITTEE'S REVIEW OF THE EXECUTIVE'S ANNUAL PERFORMANCE. THE CONTENT OF COMMITTEE MEETINGS INVOLVING COMPENSATION DECISIONS ARE CODIFIED IN WRITTEN SUMMARIES ON A TIMELY BASIS AND MADE AVAILABLE UPON REQUEST TO AUTHORIZED PARTIES. COMPENSATION OF NON-OFFICER KEY EMPLOYEES IS NOT SET BY THE COMPENSATION COMMITTEE BUT IS REVIEWED AND APPROVED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER USING THE SAME METHODOLOGY INVOLVING COMPARISON TO EXTERNALLY AVAILABLE MARKET AND PERFORMANCE FACTORS AS DESCRIBED ABOVE.</p>

990 Schedule O, Supplemental Information

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 AUDITED FINANCIAL STATEMENTS AND ITS CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>CONSULTANTS PROGRAM SERVICE EXPENSES 13,246,064 MANAGEMENT AND GENERAL EXPENSES 1,389,923 FUNDRAISING EXPENSES 146,290 TOTAL EXPENSES 14,782,277 TEMPORARY HELP PROGRAM SERVICE EXPENSES 17,628,459 MANAGEMENT AND GENERAL EXPENSES 460,670 FUNDRAISING EXPENSES 76,089 TOTAL EXPENSES 18,165,218 HONORARIA PROGRAM SERVICE EXPENSES 1,415,667 MANAGEMENT AND GENERAL EXPENSES 572,928 FUNDRAISING EXPENSES 9,299 TOTAL EXPENSES 1,997,894 TRANSLATORS/INTERPRETERS PROGRAM SERVICE EXPENSES 243,388 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 243,388 MEDIA BUYS PROGRAM SERVICE EXPENSES 4,831 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,831 SUBCONTRACTS PROGRAM SERVICE EXPENSES 89,815,980 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 89,815,980 RECRUITING ADS/AGENCY FEES PROGRAM SERVICE EXPENSES 428,235 MANAGEMENT AND GENERAL EXPENSES 85,004 FUNDRAISING EXPENSES 18,969 TOTAL EXPENSES 532,208</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A, EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS COMPRISED OF THE BOARD CHAIR AND THE CHAIRS OF THE AUDIT, FINANCE, GOVERNANCE, HUMAN RESOURCES, INVESTMENT, AND COMPENSATION COMMITTEES THE EXECUTIVE OFFICER IS ALSO ON THE COMMITTEE THE EXECUTIVE COMMITTEE IS COMMISSIONED WITH EXERCISING THE POWERS AND AUTHORITY OF THE FULL BOARD WHEN THE FULL 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I 16B AND PART IX, COLUMN (D) - FUNDRAISING	FUNDRAISING CONSISTS OF THE COSTS INCURRED TO DESIGN SOLUTIONS THAT RESPOND TO POTENTIAL CUSTOMERS' REQUESTS FOR PROPOSALS IT PRIMARILY CONSISTS OF INTERNAL LABOR AND AN ALLOCATION OF FRINGE BENEFITS AND OVERHEAD IN PROPORTION TO THE LABOR THE STAFF ARE NOT HIRED SPECIFICALLY FOR THIS FUNDRAISING ACTIVITY BUT OCCASIONALLY SPEND A PORTION OF THEIR WORK EFFORT DEDICATED TO THE OBJECTIVE OCCASIONALLY AIR UTILIZES OUTSIDE CONSULTANTS TO PROVIDE TECHNICAL ASSISTANCE IN THE WRITING OF SERVICE SOLUTIONS THE AMOUNT EXPENDED FOR THESE ACTIVITIES VARIES ANNUALLY AND DIRECTLY BASED ON THE PROGRAMMATIC NEEDS OF THE AGENCY CUSTOMERS SERVED BY AIR'S MISSION MOST AWARDS THAT RESULT FROM THIS ANNUAL FUNDRAISING ACTIVITY WILL HAVE MULTI-YEAR DURATIONS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B, DESCRIPTION OF SERVICES	DATA RECOGNITION CORP - PRINT, SCORE, AND DISTRIBUTE TEST REPORTS MEASUREMENT, INC - PRINT, SCORE, AND DISTRIBUTE TEST REPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART IX, LINE 11F	INVESTMENT FEES EXCLUDE AMOUNTS PAID TO THE GENERAL PARTNERS OF PRIVATE INVESTMENTS SUCH AMOUNTS ARE REPORTED AS AN OFFSET TO THE RETURNS REPORTED FOR THE RESPECTIVE PRIVATE INVES TMENTS INCLUDED AS PART OF THE UNREALIZED INVESTMENT GAINS REPORTED ON PART XI, LINE 5

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
25-0965219

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 200073835 45-2671930	SEE SCHEDULE R, PART VII	DE	510,230	763,516	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	
(5)AIR INTERNATIONAL 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 75-3046958	SEE SCHEDULE R, PART VII	DC	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	3,018	1,741,727	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)
- 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	Yes	
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	Yes	
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

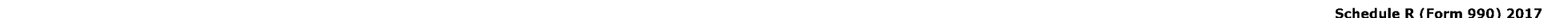
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Part VII **Supplemental Information**

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 FOR STUDENTS, PARENTS, AND POLICY MAKERS AIR IS THE SOLE OWNER

Return Reference	Explanation
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 AIR IS THE SOLE OWNER NATIONAL CENTER ON FAMILY HOMELESSNESS - RESEARCH, TRAINING, PROGRAM DEVELOPMENT AND POLICY INITIATIVES DIRECTED TOWARDS ENDING FAMILY HOMELESSNESS AIR IS THE SOLE OWNER SOUTHWEST EDUCATIONAL DEVELOPMENT CORP - EDUCATION RESEARCH, DEVELOPMENT AND DISSEMINATION OF INFO RE INSTRUCTIONAL IMPROVEMENT, PROFESSIONAL DEVELOPMENT AND EDUCATIONAL APPLICATIONS OF TECHNOLOGY AIR IS THE SOLE OWNER AIR INTERNATIONAL - EDUCATIONAL RESEARCH AND EVALUATION AIR IS THE SOLE OWNER



Additional Data

Software ID:
Software Version:
EIN: 25-0965219
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
LEARNING POINT ASSOCIATES	Q	174,368	ACTUAL COSTS INCURRED
LEARNING POINT ASSOCIATES	S	833,201	CASH TRANSFER
NATIONAL CENTER ON FAMILY HOMELESSNESS	C	459,958	CASH CONTRIBUTION
NATIONAL CENTER ON FAMILY HOMELESSNESS	S	220,639	CASH TRANSFER
SOUTHWEST EDUCATIONAL DEVELOPMENT CORP	S	2,178,071	CASH TRANSFER
SOUTHWEST EDUCATIONAL DEVELOPMENT CORP	Q	15,421,929	ACTUAL COSTS INCURRED
AIR HOLDING COMPANY	P	71,354	ACTUAL COSTS INCURRED