DLN: 93493321183880

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the

Internal Revenue Service

Treasury

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	e 2019 c	alendar year, or tax year begin	ning 01-01-2019 , and ending 12	-31-20	19				
B Che	ck if aı	pplicable:	C Name of organization	OUT THE			D Employ	er identif	ication number	
		change	AMERICAN INSTITUTES FOR RESEAR BEHAVIORAL SCIENCES	CH IN THE			25-096	5219		
	me ch	-	Doing business as				25 050.	3223		
	tial ret	turn n/terminated	-							
		return		ail is not delivered to street address) Room,	/suite		E Telephon	ne number		
□ Ар	plicatio	on pending	1400 CRYSTAL DRIVE 10TH FLOOR				(202) 4	03-5000		
			City or town, state or province, coun	try, and ZIP or foreign postal code						
			ARLINGTON, VA 22202				G Gross re	ceipts \$ 9	68,211,444	
			F Name and address of principal	officer:	H(a) Is this	a group re	turn for		
			DAVID MYERS 1400 CRYSTAL DRIVE 10TH FLOO	OR .			dinates?		□Yes ☑No	
			ARLINGTON, VA 22202		_ H(b) Are al includ	l subordinat ed?	es	☐ Yes ☐No	
I Ta	x-exen	npt status:	☑ 501(c)(3) ☐ 501(c)() ◄ (i	insert no.) \Box 4947(a)(1) or \Box 527				ist. (see	instructions)	
J W	ebsit	e:▶ WW	VW.AIR.ORG		⊣ н(c) Group	exemption	number	>	
								•		
K Forr	n of or	rganization	: 🗹 Corporation 🗌 Trust 🔲 Associ	ciation Other ►	L Ye	ar of forma	ition: 1946	M State	of legal domicile: PA	
D		S								
Pa	art I		mary scribe the organization's mission or	most significant activities						
a .				TTURE TRANSACTION IMPACTING BO	X G ABO	OVE AND	LINE 10 BEI	LOW.		
ဋ	-									
Ē	-									
Ş	,	Chock thi	is how • D if the organization dis-	continued its operations or disposed o	f more	than 25%	of its not a	ccotc		
<u> </u>				g body (Part VI, line 1a)			or its fiet a	3	12	
න්	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)				4	11	
ges	ı		· -	endar year 2019 (Part V, line 2a)				5	2,175	
Activities & Governance	6	Total nur	nber of volunteers (estimate if nec	essary)				6	0	
ACI	l	Total unr		7a	-184,620					
	ı			Form 990-T, line 39				7b	-184,620	
				,		Pri	or Year		Current Year	
Q)	8	Contribut	tions and grants (Part VIII, line 1h)		F		462,380,0	308	476,002,962	
훒	ı	9 Program service revenue (Part VIII, line 2g)							17,489	
Ravenue		-	ent income (Part VIII, column (A), li	-		38,2 19,618,8	-	353,729,943		
œ	l		venue (Part VIII, column (A), lines 5	•	-		-295,6	-	-181,276	
	ı			st equal Part VIII, column (A), line 12)	-		481,741,4		829,569,118	
	_		nd similar amounts paid (Part IX, co	1 , , , ,			1,681,9		1,399,514	
	l		paid to or for members (Part IX, co	* **	-		1,001,	0	0	
(0	l			nefits (Part IX, column (A), lines 5–10	, F		234,845,4			
Expenses	l		onal fundraising fees (Part IX, colum		′		195,0	159,914		
<u>@</u>	Ι.		raising expenses (Part IX, column (D), li	• • •	-		155,	-	133,311	
ភ្ន	l		penses (Part IX, column (A), lines 1	· ———	-		202,406,4	453	205,157,404	
			penses. Add lines 13–17 (must equa	•	-		439,128,9		430,980,832	
	ı	•	· ·	m line 12	-		42,612,4		398,588,286	
× 0.		Revenue	Tess expenses. Subtract line 10 ho		E	Beginning	of Current Y		End of Year	
Net Assets or Fund Balances										
SS. Bale	20	Total ass	ets (Part X, line 16)				464,107,0	012	869,577,472	
절절	21	Total liab	oilities (Part X, line 26)				129,276,3	396	107,439,294	
žΞ	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20			334,830,6	516	762,138,178	
	ırt II		ature Block							
				ned this return, including accompanyi Declaration of preparer (other than o						
	nowle		i, it is true, correct, and complete.	beclaration of preparer (other than o	1110017	buseu o			vinen preparer nas	

			* cure of officer			202 Date	0-11-16 e			
Sign Here		, -								
	•		O AHLGRIMM EXEC VP & CFO or print name and title							
		17	Print/Type preparer's name	Preparer's signature	Date	Т		PTIN		
Paid	4			par a. a arginetara			ck 🗀 if 🛭 i	P01404047	7	
		, -	Firm's name RUBINO AND COMPANY		<u> </u>		-employed n's EIN ▶ 52-	1186096		
	pare	;; .b.,								
use	On	יי	Firm's address ► 6903 ROCKLEDGE DRIV	E SUITE 300		Pho	ne no. (301)	564-3636		
			BETHESDA, MD 20817	1818						
M	L - ID	o !:	this return with the preparer show						es DNo	

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	edule O contains a res	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission	:			
SEE S	SCHEDULE O					
2	Did the organization	undertake any signific	ant program ser	vices during the year w	which were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on S	chedule O.			
3	Did the organization	cease conducting, or	make significant	changes in how it cond	lucts, any program	
	services?		🗹 Yes 🗌 No			
	If "Yes," describe the	ese changes on Sched	ule O.			
4	Section 501(c)(3) ar		ions are required	I to report the amount	e largest program services, as meas of grants and allocations to others,	
4a	(Code:) (Expenses \$	210,731,877	including grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code:) (Expenses \$	163,863,236	including grants of \$) (Revenue \$	17,489)
	See Additional Data					
4c	(Code:) (Expenses \$	4,750,528	including grants of \$	1,399,514) (Revenue \$)
	See Additional Data					
4d	Other program serv	ices (Describe in Sche	dule O.)			
	(Expenses \$	in	cluding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses >	379,345,6	641		
4e	rotai program ser	vice expenses	3/5,343,0	14.T		Form 990

Pai	t 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)? 뉯	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D</i> ,Part 1	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? <i>If "Yes," complete Schedule D,</i> 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 2	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, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		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? If "Yes," complete Schedule I, Parts I and II

No

20a

20b

21

Yes

rm :	990 (2019)			Page
Parl	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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):			
3	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
0	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
)	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1,214

0

1c

Yes

				Page 5				
	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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							
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					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	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					
	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)? If "Yes," enter the name of the foreign country: ►HO, ZA, IV, HA, GM, AG	4a	Yes					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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				
С	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).							
а	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		No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders							
a h	Gross income from members or shareholders							
	against amounts due or received from them.)							
	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.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
C 1/12	Enter the amount of reserves on hand	142		No				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No				
	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exces							
	parachute payment(s) during the year?	15 16	Yes	No.				
	If "Yes," complete Form 4720, Schedule O.	10		No				

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	•	onse to i	ines 🗸
Se	ction A. Governing Body and Management			
	Fatantha markan of astina manakan of the assauring basis of the said of the territory of the said of t	.—	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12 15 the second state of the governing body at the end of the tax year.	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA , GA , HI , IL , KY , MA , MI , MN , NJ , TN , UT	NM , N	Y,OR,	PA , RI
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 (202) 403-5000			

Name and title

Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII .

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

 \checkmark

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for related			, .	,			(14/ 2/1000	(1)/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

Part VII Section A. Officers, Direct	tors. Trustee	s. Kev	Emp	lov		, and	Hia	hest Com	pensat	ed Employees	(cont	inued)	Page &
(A) Name and title	(B) Average hours per week (list any hours for related	Position than o	ion (do one bo both a direct	(C) lo not loox, u an off ctor/t	c) ot che unles fficer trust	neck mo ess pers er and a	iore son a	(D Report compen from organiz (W-2/1	table nsation the zation	(E) Reportable compensation from related organization: (W-2/1099-	n d	(F) Estima amount o compens from organizati	ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MIS		(W-2/1099- MISC)		organizat relat organiza	ed
See Additional Data Table	<u> </u>					<u> </u>							
					$oxed{\Box}$								
			-	-	\vdash	_	-	 		<u> </u>			
				ľ	T								
			+	<u></u>	\vdash		<u> </u>						
					\vdash	+	+						
					上								
b Sub-Total					-	P	_						
d Total (add lines 1b and 1c)	•					▶	_	14,91	12,021	303,92	23		1,156,71
Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who) rec	eived more	 than \$1	100,000			
												Yes	No
Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			tee, ke		mplo	oyee,	or hi	ghest comp	pensated	l employee on	3	Yes	
For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	_
Did any person listed on line 1a receive services rendered to the organization?									on or ind	lividual for	5		No
Section B. Independent Contract				<u> </u>	<u> </u>		_				1		
. Complete this table for your five higher from the organization. Report comper	nsation for the c									n's tax year.	mpens		
	(A) and business addre	ess								(B) cription of services		(C Comper	sation
ATA RECOGNITION CORP 177 PO BOX 1150		_	_	_	_	_	_		RINT, SCO EPORT	ORE & DISTRIBUTE 1	TEST	30	,205,170
INNEAPOLIS, MN 554801150 EASUREMENT INC									RINT, SCO	ORE & DISTRIBUTE 1	TEST	23	,891,174
23 MORRIS STREET URHAM, NC 27701													
ACKSPACE US INC O BOX 730759								SE	ERVER HO	OSTING SERVICES		19	,089,047
DALLAS, TX 753730759 HEALTH UNLIMITED				_	_			SI	UBCONTR	ACTING SERVICES		4	,021,557
11 5TH AVENUE SECOND FLOOR NEW YORK, NY 10003									: 2240				7.22
MIDTOWN PERSONNEL INC O BOX 42576									EMPOKAK	Y STAFFING SERVIC	ŒS	ى	,697,239
NASHINGTON, DC 20015 2 Total number of independent contractor		t not lim	nited !	to th	nose	listed	abo	ve) who rea	 ceived m	nore than \$100,00	00 of		
compensation from the organization 🕨 🗀	152			—	—		—					Form 99	n /2010

Part		Statement	of E	Pavanua						Page 9
ган	VIII				resno	nse or note to any	/ line in this Part VIII			🗹
		CHECK II SCHOOL	aure	o contains a	тезро	inse of flore to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	ians	T	1 a			revenue		512 - 514
nts nts		b Membership dues		-	1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising even		<u> </u>	1c					
s, C An		d Related organiza		-	1d					
Gift		e Government grants		-	1e	434,556,455				
iii.		f All other contributio		· L	Ie	434,330,433				
tior er S		and similar amounts	s not	included	1f	41,446,507				
ig #		q Noncash contributio	ns in	cluded in		_				
Contrand C		lines 1a - 1f:\$		L	1 g					
<u>ة</u> ك		h Total. Add lines	1a-1	f		•	476,002,962			
						Business Code	11.501	11 501		
_	2a	SPEAKING FEES				900099	11,594	11,594		
me	b	CONFERENCE FEES				900099	5,895	5,895		
æve		·				900099				
ce F	c									
ervi										
S LL	d									
Program Service Revenue	e									
Æ										
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				17,489	1	ı	1	
	3	Investment income similar amounts) .	(inc	luding divide	nds, ir •	nterest, and other •	7 066 966			7,966,866
	4	Income from invest	men	t of tax-exen	npt bo	ond proceeds	•			
	5	Royalties				•	3,344			3,344
				(i) Real		(ii) Personal				
	6 <i>a</i>	Gross rents	6a							
	b	Less: rental	6b							
		expenses Rental income								
	_	or (loss)	6с							
	(d Net rental income	or (
	_	Gross amount		(i) Securit	ies	(ii) Other	_			
	/ 2	from sales of assets other than inventory		46,810	368,158,59	93				
	b	Less: cost or other basis and	7b	107,29	91,503	31,350,82	23			
		sales expenses								
	С	Gain or (loss)	7с	8,9	55,307	336,807,77	70			
	(d Net gain or (loss)	•				345,763,077			345,763,077
<u>a</u>	8 <i>a</i>	Gross income from fu (not including \$	ındrai	ising events of						
eun		contributions reported See Part IV, line 18		line 1c).						
ev.	_				8a					
Other Revenue		Less: direct expen			8b na eve	ents -				
Oth	•	. (133	-,			:::::::::::::::::::::::::::::::::::::::				
	9a	Gross income from See Part IV, line 19	gami	ing activities.						
		Less: direct expen			9a 9b					
		Dess. direct expend Det income or (los				es •				
		•	,	, ,						
	10	a Gross sales of inve returns and allowa	entor	ry, less						
		Less: cost of good			10a 10b					
		Net income or (los				orv >				
		Miscellaneo	_		1100110	Business Code				
	11	La _{UBIT} LOSS FROM	PAR	RTNERSHIPS		90000	-184,620		-184,620	
	ł	•								
	•									
		All other revenue								
	•	e Total. Add lines 1	1a-1	11d		•	-184,620			
	12	2 Total revenue. S	ee ir	structions .			829,569,118	17,489	-184,620	353,733,287
										Form 990 (2019)

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to a	ny 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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	391,503	391,503		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,008,011	1,008,011		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,144,620	6,542,996	6,601,624	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	166,336,534	143,492,132	15,034,064	7,810,338
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,842,246	12,074,462	1,128,331	639,453
9 Other employee benefits	18,608,953	14,621,038	3,225,565	762,350
10 Payroll taxes	12,331,647	10,558,212	1,223,537	549,898
11 Fees for services (non-employees):				
a Management				
b Legal	1,419,711		1,419,711	
c Accounting	368,220		368,220	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	159,914			159,914
f Investment management fees	239,252		239,252	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	118,072,233	115,619,319	2,045,683	407,231
12 Advertising and promotion				
13 Office expenses	13,512,325	11,530,489	1,714,660	267,176
14 Information technology	26,541,843	25,600,389	589,137	352,317
15 Royalties				
16 Occupancy	20,058,473	16,170,311	3,051,154	837,008
17 Travel	9,689,001	9,004,118	443,897	240,986
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	5,523,477	4,975,272	504,329	43,876
20 Interest	230,068		230,068	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,116,410	1,688,774	340,194	87,442
23 Insurance	776,905	408,125	360,239	8,541
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 & PRODUCTION	5,148,985	5,148,985		
b EXCISE TAXES	529,911		529,911	
		462 720		
c FOCUS GROUP FEES	463,738	463,738		
d e All other expenses	466,852	47,767	417,748	1,337
25 Total functional expenses. Add lines 1 through 24e	430,980,832	379,345,641	39,467,324	12,167,867
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	133,500,032	3,3,343,041	37,137,324	
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Form 990 (2019)

1

2

3

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 7

8

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

9,862,142

37,085,383

260,666,587

13,674,694

5,442,644

464,107,012

77,761,273

21.588.780

5,619,032

24,307,311

129,276,396

334,830,616

334,830,616

464,107,012

Page 11

2,256,093

30,264,288

629,853,771

80.206.891

2,294,928

869,577,472

61,066,284

22.938.067

5,403,480

18,031,463

107.439.294

762,138,178

762,138,178

869,577,472

Form 990 (2019)

	Beginning of year		End of year
Cash-non-interest-bearing	32,335,616	1	81,574,07
Savings and temporary cash investments		2	
Pledges and grants receivable, net		3	
Accounts receivable, net	105,039,946	4	43,127,42
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	

entity or fa Loans and section 495 Notes and loans receivable, net . . . Assets Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments-other securities. See Part IV, line 1

Investments—program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and

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

				L	
] ړړ	
10a			15,245,2	91	
10b		•	14,981,0	03	
				T	
11 .					

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.

3a

3b

Yes

Yes Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE

BEHAVIORAL SCIENCES

Form 990 (2019)

Form 990, Part III, Line 4a:

STUDENTS WITH PHYSICAL AND COGNITIVE DISABILITIES VIA ALTERNATIVE ASSESSMENTS.

DURING 2019 AIR CONDUCTED ITS ACTIVITIES THROUGH THE FOLLOWING THREE PROGRAMS: PROFESSIONAL SERVICES, GRANTMAKING AND STUDENT ASSESSMENT. EFFECTIVE DECEMBER 31, 2019, AIR SOLD THE STUDENT ASSESSMENT DIVISION. SEE SCHEDULE O FOR MORE INFORMATION PRIOR TO BEING DIVESTED, THE ASSESSMENT DIVISION PROVIDED STUDENT ASSESSMENT SERVICES. COLLABORATING WITH STATES AND DISTRICTS, IT DEVELOPED AND DEPLOYED COGNITIVE ASSESSMENT PROGRAMS TO YIELD INFORMATION ABOUT STUDENT PROGRESS. THE PROGRAM FUSED STATISTICS, TECHNOLOGY, AND STANDARDS-ALIGNED CONTENT INTO K-12 FORMATIVE, SUMMATIVE, AND SUPPLEMENTAL PRODUCTS AND SERVICES PRIMARILY DELIVERED USING ONLINE METHODS. (CONTINUED ON SCHEDULE 0)THE DIVISION ALSO STUDIED THE VALIDITY OF ASSESSMENTS PERFORMED BY FEDERAL, STATE AND LOCAL EDUCATION AGENCIES. THE INFORMATION AND ANALYSES ENABLED SCHOOLS AND EDUCATION OVERSIGHT AGENCIES WITH THE ABILITY TO MEASURE COMPLIANCE WITH REQUIREMENTS OF FEDERAL AND STATE EDUCATION STANDARDS AND LAWS. THIS PROGRAM PIONEERED AND LED IN THE DELIVERY OF ON-LINE, COMPUTER-BASED, ADAPTIVE TESTING. THE PROGRAM ALSO SERVED

Form 990, Part III, Line 4b:

INFORMATION SYSTEMS.

MATTER EXPERTISE THAT CAN BE USED TO SHAPE AND INFORM STAKEHOLDER PROGRAMS AND POLICYMAKERS. EXAMPLES OF FOCUS AREAS SPANNING THE LIFE COURSE OF INDIVIUALS 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 OUESTIONS: AND ADDRESS PROGRAM AND

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

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

INTERVENTION IMPLEMENTATION EFFECTIVENESS AND BUILD CAPACITY TO IMPROVE PROCESSES, OUTCOMES, AND SUSTAINABILITY RESEARCH ACTIVITIES THAT ALSO

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 RESPONSE TO WEBSITE FUNCTIONALITY, DISTANCE LEARNING, DIGITAL AND SOCIAL MEDIA, AND GEOSPATIAL

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-

Form 990, Part III, Line 4c:

REPORTS RELATED TO THE GRANT ACTIVITIES, EXPENDITURES AND ACCOMPLISHMENTS.

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 OUASI-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

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

		i	a un	eccc	J1 / C1	usice	, ,	(14 2 (4 0 0 0	(IV D/4 DOD	i i i i i i i i i i i i i i i i i i i
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PATRICIA GURIN-SEE SCH O BD AND CMTE MBR, BD CHAIR	6.50	х		х				128,750	0	0
LAWRENCE BOBO BD MBR, BD V CHAIR, BD CMTE CHAIR	5.00	х		х				60,500	0	0
SARA B KIESLER BD & CMTE MBR, BD CMTE CHAIR	5.00	Х						60,000	0	0
KATHY MCKINLESS-SEE SCH O BD & CMTE MBR, BD CMTE CHAIR	5.00	Х						97,500	0	0
SOL PELAVIN-SEE SCH O	5.00	Х						100,750	0	0

49,000

56,250

92,500

77,965

55,750

0

0

0

0

0

0

2.00

2.00

5.00

3.00

2.50

Χ

Х

Χ

Χ

Χ

.......

.......

......

.

KATHY MCKINLESS-SEE SCH O
BD & CMTE MBR, BD CMTE CHAIR
SOL PELAVIN-SEE SCH O
BD MBR, BD CMTE CHAIR, FMR PRES.

ROBERT F BORUCH

BD AND CMTE MEMBER

BD AND CMTE MEMBER

NANCY CANTOR BRECHIN

.......

BD AND CMTE MEMBER, BD CMTE CO-CHAIR

EDWARD HAMBURG-SEE SCH O

ANDREW LIAKOPOULOS-SEE SCH O

DELANO LEWIS-SEE SCH O

BD AND CMTE MEMBER

BD AND CMTE MEMBER

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

and Independent Contractors

SR. VP & DIVISION COO

MICHAEL KIRSCH-SEE SCH J NOTES

MARK FANNING-SEE SCH J NOTES

DWAYNE NORRIS-SEE SCH J NOTES

SR. VICE PRESIDENT, HR & ADMIN

JESSICA JOHNSON

SR. VICE PRESIDENT

EXEC. VICE PRES. & COO-END 12/2019

EXEC. VP, CHIEF HUMAN CAP. OFFICER

......

	1 5,				,	,		(1)	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MANUEL PASTOR BD AND CMTE MEMBER	2.00	Х						49,750	0	0	
DAVID MYERS-SEE SCH J NOTES BOARD MEMBER, PRES. & CEO	38.00	Х		х				2,354,468	37,926	77,129	
MARIJO AHLGRIMM-SEE SCH J NOTES TREASURER, EXEC. VP & CFO	38.00			х				858,716	13,833	140,234	

MARIJO AHLGRIMM-SEE SCH J NOTES			v			858,716	13,833	
TREASURER, EXEC. VP & CFO	2.00		^			030,710	13,033	
DONA KILPATRICK	38.00		v			281,200	4,529	
SECRETARY	2.00		^			281,200	4,329	
JON COHEN-SEE SCH J NOTES	39.00			v		4,349,102	106,518	
		1 1		^		4,349,102	100,310	

DONA KILPATRICK	38.00		x			281,200	4.529	
SECRETARY	2.00		^			201,200	1,025	
JON COHEN-SEE SCH J NOTES	39.00							
EXEC. VP & DIV. PRESIDENT	1.00			Х		4,349,102	106,518	
	20.00							

......

......

......

1.00 39.00

1.00 39.00

1.00 39.00

1.00 39.00

1.00

SECRETARY	2.00				,	,	,
JON COHEN-SEE SCH J NOTES	39.00						
			Х		4,349,102	106,518	73,414
EXEC. VP & DIV. PRESIDENT	1.00		,,		,,,,,,,,,,		, , , , ,
STEPHEN KROMER-SEE SCH J NOTES	39.00						

DONA KILPATRICK	36.00		v			281,200	4,529	72 120
SECRETARY	2.00		^			281,200	4,329	72,120
JON COHEN-SEE SCH J NOTES	39.00							
				X	l	4,349,102	106,518	73,414
EXEC. VP & DIV. PRESIDENT	1.00			, ,		,,,,,,,,,,		
	30.00							

Х

Χ

Χ

Χ

999,716

646,439

647,186

471,846

436,904

24,485

15,832

10,425

7,601

10,701

68,052

62,820

17,198

97,688

69,966

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other compensation compensation person is both an officer from the from related compensation from the

Χ

Χ

Х

Х

384,953

364,618

344,501

321,586

9,428

8,930

8,437

7,876

88,305

81,306

67,650

66,289

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

and Independent Contractors

VICE PRESIDENT

VICE PRESIDENT & INST. FELLOW

......

DAVID OSHER

MICHAEL GARET

VP & INSTITUTE FELLOW

SR. VP & INSTITUTE FELLOW

CHERYL JOAN VINCE

	any hours	urs and a director/trustee))	organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
JOSEPH WAGNER	39.00										
VP CONTRACTS, GRANTS & PROCUREMENT	1.00				Х			277,308	4,467	26,176	
SEAN BUCKLEY	39.00				.,			200 000	5 440	6.424	
SR. VICE PRESIDENT-END 1/2019	1.00				Х			208,988	5,119	6,124	
LARRY ALBRIGHT-SEE SCH J NOTES	39.00										
INSTITUTE FELLOW	1.00					X		617,261	15,117	75,211	
GARY PHILLIPS-SEE SCH J NOTES	39.00										
VICE PRESIDENT & INST. FELLOW	1.00					X		518,514	12,699	67,030	
LAWRENCE B FRIEDMAN	39.00										

................

.

.

1.00 39.00

1.00 39.00

1.00 39.00

1.00

efile	e GR/	APHIC prii	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493321183880	
SCI		ULE A	Dukli	ic C	harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047	
Mattach to Form 990 or Form 990-EZ.								2019		
		the Treasury	► Go to <u>www</u>	v.irs.g	ov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	ne organiza	tion RESEARCH IN THE					Employer identific	ation number	
		SCIENCES			(41)	<u>.</u>		25-0965219		
	r t I rganiz		for Public Charity S a private foundation beca					see instructions.		
1			onvention of churches, o		•	5 ,	, ,	(A)(i).		
2		·	scribed in section 170(
3			or a cooperative hospital			,				
4		·	esearch organization op		-			-	nter the hospital's	
•	Ш	name, city,		erateu	in conjunction with	a nospital descri	bed in Section .	170(b)(1)(A)(III). L	nter the hospital's	
5			ation operated for the be (iv). (Complete Part II.)		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local governmer	nt or g	overnmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).		
7	✓		ation that normally recei [*] 0(b)(1)(A)(vi). (Comp			s support from a	governmental u	init or from the gener	al public described in	
8		A communi	ty trust described in sec	ction 1	.70(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ıral research organizatio ant college of agricultur						ege or university or a	
10		from activit investment	ation that normally recei- ies related to its exempt income and unrelated b See section 509(a)(2).	t funct ousines	ions—subject to cert s taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and oper	rated e	exclusively to test for	r public safety. S	ee section 509	(a)(4).		
12		more public	ation organized and oper ly supported organization through 12d that descr	ons des	scribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a		
a		Type I. A so	supporting organization on n(s) the power to regula Part IV, Sections A an	operate arly app	ed, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization nt of the supporting orga plete Part IV, Sections	super anizati	on vested in the san					
c		Type III f	unctionally integrated organization(s) (see inst	I. A sup	oporting organization				ted with, its	
d		Type III n	on-functionally integr integrated. The organize). You must complete	r ated. zation o	A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar		
e		Check this	box if the organization re or Type III non-function	eceive	d a written determir	ation from the I		pe I, Type II, Type II	I functionally	
f	Enter		of supported organization	,		-				
g	Provi	de the follow	ing information about th	ne supp	oorted organization(s).		_		
	(i) N	lame of supp organizatior			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(vi) Amount of other support (see instructions)			
						Yes No				
Tota			tion Act Notice, see th			Cat. No. 11285		 Schedule A (Form 9		

(or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 469,315,779 453,000,720 462,380,008 476,002,962 2,309,814,447 449,114,978 Total. Add lines 1 through 3 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). . Public support. Subtract line 5 from line 4. Section B. Total Support Calendar vear (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶

469,315,779 453,000,720 449,114,978 462,380,008 476,002,962 Amounts from line 4. . Gross income from interest. dividends, payments received on 5,299,105 securities loans, rents, royalties 2,853,383 3,684,540 7,267,111 7,970,210 and income from similar sources 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.). . Total support. Add lines 7 2,336,888,796 through 10 12 624,998 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, Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 840 %

2,309,814,447 2,309,814,447 27,074,349

_	
	98

15 Public support percentage for 2018 Schedule A, Part II

14

98.

	_
98.840	%
98.970	%

16a 33 1/3% support test-2019. If the organization d

II,	line 14 .
lid	not check

17a 10%-facts-and-circumstances test-2019. 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

h 10%-facts-and-circumstances test-2018. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

line 11, column (f))	14	
	15	
the box on line 13, and line 14 is 33 1/3% or r	nore, chec	k this box

Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for						
	(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.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting enganizations		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? 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.			
	Did the supprise time and the bounds of any supprised arraying the standard arraying the supprised arraying the	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? 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.	2		
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
L	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
á	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? 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.	2a		
ŀ	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	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		
i	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 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	(iii) Distributable

other distributions (describe in Fart 42). See mistractions				
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 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID: Software Version:

EIN: 25-0965219

AMERICAN INSTITUTES FOR RESEARCH IN THE Name:

Page 8

BEHAVIORAL SCIENCES Schedule A (Form 990 or 990-EZ) 2019 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Part VI

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 F. 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 | As Filed Data -

DLN: 93493321183880

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements ➤ Complete if the organization answered "Yes," on Form 990,

Open to Public

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES 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) Aggregate value of grants from (during year) 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

 ${f c}$ Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other . .

che	dule D (Form 990) 2019								Page 2
art	Organizations Ma	aintaining Collections	of Art, Histo	rical Tr	reası	ires, or Othe	r Similar As	ssets (cont	tinued)
3	Using the organization's acq items (check all that apply):		•	•	the fo	llowing that are	a significant u	use of its col	llection
а	Public exhibition		d		Loan	or exchange pro	ograms		
b	☐ Scholarly research		е		Othe	r			
С	Preservation for future	generations							
4	Provide a description of the Part XIII.	organization's collections an	d explain how t	hey furth	ner the	e organization's	exempt purpo	se in	
5	During the year, did the organisets to be sold to raise fur							☐ Yes	□ No
Par		odial Arrangements. ganization answered "Ye	s" on Form 99	90, Part	IV, li	ne 9, or repor	ted an amou	ınt on Forr	n 990, Part
1a	Is the organization an agent included on Form 990, Part i	•	,					☐ Yes	□ No
b	If "Yes," explain the arrange	ement in Part XIII and comp	lete the followir	na tahle:			Δ	mount	
c	Beginning balance	•		-		1c			
d	Additions during the year .					1d			
е	Distributions during the year					<u> </u>			
f	Ending balance					4.5			
2a	Did the organization include	an amount on Form 990 Pa	art X line 21 fo	or escrow	or cu	stodial account	liahility?	□ ves	 □ No
	If "Yes," explain the arrange	, in the second	,				•	_	□ N0
	rt V Endowment Fund		re ii tile explain	ation nas	been	provided in Pan			
FŒ		ganization answered "Ye:	s" on Form 99	90, Part	IV, li	ne 10.			
		(a) Curre	ent year (b)) Prior yea		(c) Two years back	(d) Three ye	ars back (e)	Four years back
.a	Beginning of year balance .	26	5,338,398	262,600	,073	206,005,63	31 171,	,885,596	150,342,619
b	Contributions		5,670,162	24,750		28,000,00		,574,661	22,265,231
	Net investment earnings, gair	13, 4114 103363	5,428,589	-16,326	,105	32,647,81	.6 10,	,211,234	1,498,086
d	Grants or scholarships		4,570,162	4,808	,550	3,339,81	.1 2,	,074,661	1,729,474
	Other expenditures for facilitie and programs	es							
f .	Administrative expenses .		802,393		,020	713,56		591,199	490,866
g	End of year balance		1,064,594	265,338	3,398	262,600,07	73 206,	,005,631	171,885,596
2 a	Provide the estimated perce Board designated or quasi-e	-	,	1g, colu	mn (a)) held as:			
b	Permanent endowment >	0 %							
С	Temporarily restricted endov	wment ▶ 0 %							
	The percentages on lines 2a	, 2b, and 2c should equal 10	00%.						
Ba .	Are there endowment funds organization by:	not in the possession of the	organization th	nat are h	eld an	d administered f	or the		Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations .							3a(ii)) No
b	If "Yes" on 3a(ii), are the rel	-	•		?.			3b	
) Par	Describe in Part XIII the inte	and Equipment.							
	•	ganization answered "Ye: (a) Cost or other basis	s" on Form 99 (b) Cost or oth			ne 11a. See Fe			LO. Book value
	Description of property	(a) Cost or other basis (investment)	(b) Cost or oth	iei Dasis (C	лиег)	(c) Accumulated	uepreciation	(a) E	JOOK VAIUE
	Land			5,03	38,000				5,038,000
	Buildings			10,27	71,816		2,901,888		7,369,928

19,891,187 5,861,104

4,183,184

14,943,472

2,568,326

30,264,288

344,562

4,947,715

3,292,778

3,838,622

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fo	orm 990 Bort IV !:	ne 11 ^h	Saa Form 000	Part Y line 12
	(a) Description of security or category	(b) Book value	iie 110	(c) Metho	d of valuation:
(1) Financia	(including name of security) I derivatives			Cost or end-of	-year market value
(2) Closely-(3) Other	held equity interests	1,301,120			С
	ATIVE INVEST.	78,905,771			F
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	80,206,891			
Part VIII	Investments—Program Related.				
	Complete if the organization answered 'Yes' on Fo (a) Description of investment	orm 990, Part IV, lii	ne 11c	. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation:
	,			, ,	Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		Þ		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, lin	e 11d.	See Form 990, Pa	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fo	rm 990. Part IV. lin	e 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of lia				(b) Book value
(1) Federal (2)	income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	18,031,463
	or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 74				
	,	,			

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	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		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, , ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l 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 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Forn	n 990) 2019	Page 5
Part XIII	rmation (continued)	
Return Reference		Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE

BEHAVIORAL SCIENCES

IN RECENT YEARS, THE BOARD OF DIRECTORS DESIGNATED A PORTION OF THE EXCESS OF REVENUES LES

Supplemental Information

PART V, LINE 4:

Return Reference

Explanation

S EXPENSES TO BE ESTABLISHED AS A QUASI-ENDOWMENT. FOLLOWING THE SALE OF THE STUDENT ASSES SMENT DIVISION ON DECEMBER 31, 2019, THE PROCEEDS FROM THE SALE WERE ADDED TO THE PORTION OF THE FUND BALANCE DESIGNATED AS A QUASI-ENDOWMENT AS REPORTED IN SCHEDULE D, PART V, LIN E 1B, COLUMN (A). AIR MAINTAINS THE QUASI-ENDOWMENT TO SUPPORT ITS MISSION, AND IN PARTICU LAR: 1) TO ENSURE AIR'S LONG-TERM, FUTURE FINANCIAL STRENGTH, 2) TO SUPPORT THE NEEDS OF N ON-RECURRING TRANSACTIONS SUCH AS LOAN COLLATERALIZATION SUPPORTING ACQUISITION ACTIVITY, AND 3) TO FUND SELF-SPONSORED RESEARCH AND GRANT-MAKING INITIATIVES THAT ADVANCE AIR'S MIS SION AND ARE OTHERWISE NOT FUNDED BY OTHER SOURCES.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	AIR IS SUBJECT TO INCOME TAX REGULATIONS APPLICABLE TO THE TAX STATUS OF ITS SUBSIDIARIES AS DETERMINED BY THE INTERNAL REVENUE CODE (IRC) OR APPLICABLE FOREIGN AUTHORITY. IRC SECT ION 501(C)(3) EXEMPTS MOST OF AIR'S OPERATIONS FROM INCOME TAX EXCEPT FOR UNRELATED BUSINE SS INCOME (UBI). EFFECTIVE IN DECEMBER 2017, IRC CHANGES CAUSED AIR'S OBLIGATIONS FOR UBIT AND OTHER EXCISE TAXES TO INCREASE. GOING FORWARD, INCOME OR EXCISE TAXES WILL BE DUE BAS ED ON COMPENSATION EXCEEDING STATUTORY THRESHOLDS; AND FROM INVESTMENT EARNINGS FROM LIMIT ED PARTNERSHIP INTERESTS OWNED IN ITS QUASI-ENDOWMENT. AIR'S MANAGEMENT HAS PERFORMED AN E VALUATION 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 RET URNS ARE SUBJECT TO PERIODIC EXAMINATION BY TAXING AUTHORITIES; HOWEVER, THERE ARE CURRENT LY NO EXAMINATIONS IN PROGRESS. MANAGEMENT BELIEVES AIR IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

SCHEDULE F	State	ement of A	Activities (Outside the Un	ited States	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Comp	lete if the organi	zation answered " Attach t	Yes" to Form 990, Part IV, look form 990.	line 14b, 15, or 16.	2019 Open to Public Inspection
Name of the organization					Employer id	entification number
AMERICAN INSTITUTES F BEHAVIORAL SCIENCES	OR RESEARCH	I IN THE			25-0965219	
	nformation Part IV, line		Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" on
other assistance,	the grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	r criteria used	☑ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	e use of its grants and	other assistance
3 Activites per Regio	n. (The followi	ng Part I, line 3 t	table can be dupli	cated if additional space is	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	
See Add'l Data						
3a Sub-total b Total from continuation sheets to		2	111			19,759,410
Part I	and 3h)	C	0 111			19,759,410
			- +++			13,/33,710

Cat. No. 50082W Schedule F (Form 990) 2019

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

Schedule F (Form 990	رر (ر							Page 2
				es Outside the Unit ,000. Part II can be				on Form 990,
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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE SCHEDULE F, PART V	221,864	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SEE SCHEDULE F, PART V	189,552	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SEE SCHEDULE F, PART V		ELECTRONIC FUNDS TRANSFER	- 		
	1	SUB-SAHARAN AFRICA	SEE SCHEDULE F, PART V	101,825	WIRE TRANSFER			
				nized as charities by t ection 501(c)(3) equiv			•	2

Part III can be d					I		
Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the tition may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see ions for Form 926)	Page 4	
Par	TIV 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, don't life 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 3471)	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 6665)	✓ 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; don't file with Form 990).	☐Yes	☑ No

	rm 990) 2019 Page 5					
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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 pany additional information. See instructions.						
990 Schedu	le F, Supplemental Information					
Return Reference	Explanation					

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, COLUMN E	AIR IMPLEMENTS PROGRAMS INITIATED BY U.S. AND INTERNATIONAL DEVELOPMENT AID AGENCIES AND ORGANIZATIONS. DURING 2019, AIR WAS IMPLEMENTING PROGRAMS SPONSORED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT IN ETHIOPIA, HAITI, HONDURAS, NICARAGUA, AND MOZAMBIQUE. SIMILARLY, PROGRAMS SPONSORED BY UNICEF, THE WORLD BANK, OR EUROPEAN DEVELOPMENTAL AID AGENCIES WERE BEING IMPLEMENTED IN ZAMBIA, BANGLADESH, ALGERIA, POLAND, INDIA, KENYA AND PAKISTAN. 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.

990 Schedule F, Supplemental Information

Return

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. (2)TO LEAD THE DEVELOPMENT AND DELIVERY OF THE FORGOTTEN CROP INTERVENTION IN TANZANIA. AIR WAS TO DEVELOP ALL MATERIALS FOR USE IN THE EXPERIMENTAL STUDY AND ENSURE THE INTERVENTION WAS DELIVERED WITH FIDELITY. (3)TO COLLECT QUANTITATIVE AND QUALITATIVE DATA AT THE FARMING HOUSEHOLD LEVEL FOR THE EVALUATION OF THE NEGLECTED CROPS AND MATERNAL AND INFANT HEALTH IN KENYA.	Reference	Explanation
	PART II,	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. (2)TO LEAD THE DEVELOPMENT AND DELIVERY OF THE FORGOTTEN CROP INTERVENTION IN TANZANIA. AIR WAS TO DEVELOP ALL MATERIALS FOR USE IN THE EXPERIMENTAL STUDY AND ENSURE THE INTERVENTION WAS DELIVERED WITH FIDELITY. (3)TO COLLECT QUANTITATIVE AND QUALITATIVE DATA AT THE FARMING HOUSEHOLD LEVEL FOR THE EVALUATION OF THE

Evolunation

Additional Data

(a) Region

SUB-SAHARAN AFRICA

Software ID:

Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE

BEHAVIORAL SCIENCES

SEE SCHEDULE F, PART V

1,639,969

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

	`offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
SOUTH ASIA	0	8	PROGRAM SERVICES	SEE SCHEDULE F, PART V .LIST 59 _ 3GKINOSZ - 08/27/19 17:48 PM WORKSHEET SCHEDULE F - STATEMENT OF ACTIVITIES OUTSIDE THE	390,204

45 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) CENTRAL AMERICA AND THE 49 PROGRAM SERVICES SEE SCHEDULE F. PART V 2,154,349 CARIBBEAN EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES SEE SCHEDULE F. PART V 17,387 & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) MIDDLE EAST AND NORTH 7 PROGRAM SERVICES SEE SCHEDULE F. PART V 5.898 **AFRICA** EAST ASIA AND THE PACIFIC 2 PROGRAM SERVICES SEE SCHEDULE F, PART V 20,575

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) CENTRAL AMERICA AND THE 0 INVESTMENTS SEE SCHEDULE F. PART V 14,523,017 CARIBBEAN SUB-SAHARAN AFRICA 0 IGRANTMAKING 1,008,011

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

►Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

DLN: 93493321183880

2019

Open to Public

Department of the Treasury Inspection Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have (or retained by) fundraiser listed in (or retained by) or entity (fundraiser) from activity custody or organization control of col. (i) contributions?

		Contributio	1115:			
		Yes N	9			
SARAH KRAUSE	SEE SCHEDULE G,					
850 AMSTERDAM AVE APT 11D	PART IV		٧o	0	20,727	-20,727
NEW YORK NIV 10035				_		23,7 27
NEW YORK, NY 10025 BERYL LEVINGER	SEE SCHEDULE G,					
185 SAN REMO ROAD	PART IV					
103 SAN REMO ROAD			٧o	0	17,661	-17,661
CARMEL, CA 93923						
,	SEE SCHEDULE G,					
KUMU PTY LTD	PART IV					
7/172 MACQUARIE STREET			٧o	0	12,851	-12,851
BRICHANE OUTENCLAND			-	_	,	,
BRISBANE, QUEENSLAND AS 4067						
	SEE SCHEDULE G,					
POLICY TRANSLATION LLC	PART IV					
9507 THORNHILL ROAD			٧o	О	12,172	-12,172
					,	,
SILVER SPRING, MD 20901						
LOIS TARDIO	SEE SCHEDULE G,					
2223 WILLIAMS STREET	PART IV	1	٧o	О	10,783	-10,783
DENVER, CO 80205					,	,
DENVER, CO 00203	SEE SCHEDULE G,					
TESONY LLC	PART IV					
2720 17TH STREET NE			٧o	О .	10,596	-10,596
					,	,
WASHINGTON, DC 20018						
ALWYN CASSIL	SEE SCHEDULE G,					
9507 THORNHILL RD	PART IV		٧o	0	9,995	-9,995
SILVER SPRING, MD 20901						
MAJIDI MOHAMED BOUZID	SEE SCHEDULE G,					
AV ASTURIAS NO 41 ES B PL 2						
PT				_	8 340	0.340
		'	٧o	0	8,340	-8,340
MADRID,						
SP 28029						
CHRISTIAN MILORD CALLE 12 NO 17-31 SANTA	SEE SCHEDULE G, PART IV					
MARTA	PARTIV					
MAKIA		1	٧o	0	7,820	-7,820
MAGDALENA,						
CO 470001						
	SEE SCHEDULE G,					
812 LINDSEY MANOR LANE	PART IV		No.	0	6,733	-6,733
SILVER SPRING, MD 20905		'				,,,,,,
SILVER SPRING, MD 20905						
Total		>			117,678	-117,678
					<u> </u>	

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

AK, CA, CO, CT, DC, FL, GA, HI, IL, KS, MA, MD, ME, MI, MN, MO, MS, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA

Cat. No. 50083H

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
y T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)	No nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities act	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)	No nn (d)	No	
) a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 2019				Р	age 3			
11	Does the organization conduct gaming	activities with nonmembers?	[Yes	□No				
12		ry or trustee of a trust or a member of a partnership or other entity g?			□No				
13	Indicate the percentage of gaming acti	vity conducted in:							
а	The organization's facility		13a			%			
b	An outside facility	and a contract of the contract	13b			%			
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books and re	ecords:						
	Name •								
	Address >								
15a		with a third party from whom the organization receives gaming	_	_					
b			[Yes	∐ No				
D		the third party \bigs \\$ and to	ie						
С	If "Yes," enter name and address of th								
	ir res, enter name and address of th								
	Name •								
	Address >								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation ► \$								
	canning manager compensations $\phi_{}$								
	Description of services provided								
	☐ Director/officer	☐ Employee ☐ Independent contractor							
	Mandakan diakihukiana								
17 a	Mandatory distributions: Is the organization required under state	e law to make charitable distributions from the gaming proceeds to							
-	retain the state gaming license?								
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	in the organization's own exempt activities during the tax year ▶ \$								
Pai	Supplemental Informatic III, lines 9, 9b, 10b, 15b, 1	on. Provide the explanations required by Part I, line 2b, column 5c, 16, and 17b, as applicable. Also provide any additional infor	s (iii) and mation. S	(v); ar ee inst	nd Part ructions	S			
	Return Reference	Explanation							
	EDULE G, PART 1, LINE 2B, COLUMN II - VITY OF FUNDRAISERS	PROVIDING TECHNICAL SUPPORT ON GRANT AND AWARD APPLICATIO THE COSTS INCURRED TO DESIGN SOLUTIONS THAT RESPOND TO POT REQUESTS FOR PROPOSALS. IT PRIMARILY CONSISTS OF INTERNAL LA FRINGE BENEFITS AND OVERHEAD IN PROPORTION TO THE LABOR. AI SPECIFICALLY FOR THIS FUNDRAISING ACTIVITY BUT OCCASIONALLY WORK EFFORT DEDICATED TO THE OBJECTIVE. OCCASIONALLY AIR UT TO PROVIDE TECHNICAL ASSISTANCE IN THE WRITING OF SERVICE SCEXPENDED FOR THESE ACTIVITIES VARIES ANNUALLY AND DIRECTLY INEEDS OF THE AGENCY CUSTOMERS SERVED BY AIR'S MISSION. MOSTHIS ANNUAL FUNDRAISING ACTIVITY WILL HAVE MULTI-YEAR DURAT	TENTIAL CU: ABOR AND A R STAFF AR SPEND A PC TILIZES OUT OLUTIONS. T BASED ON T T AWARDS T	STOME IN ALLO E NOT I DRTION SIDE O THE AM THE PRO	RS' DCATION HIRED OF THEI CONSULTA DOUNT DGRAMMA	OF R ANTS ATIC			

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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.

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

OMB No. 1545-0047

DLN: 93493321183880

Open to Public Inspection

nternal Revenue Service		P G0 t0 <u>ww</u>	101	the latest information	J		
ame of the organization MERICAN INSTITUTES FOR RES	CARCUIN THE					Employer identific	ation number
EHAVIORAL SCIENCES	BEARCH IN THE					25-0965219	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mai the selection criteria used						ce, and	
Describe in Part IV the org							☑ Yes 🗌 N
Part II Grants and Other	•	_	=		rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
that received more	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.	· -			<u> </u>
(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 sect	ion 501(c)(3) and g	overnment organization	s listed in the line 1 table			>	5
3 Enter total number of othe	er organizations liste	d in the line 1 table .				. <u> </u>	0
or Paperwork Reduction Act Notic	ce, see the Instructio	ns for Form 990.		Cat. No. 50055	5P	Sch	edule I (Form 990) 2019

(Form 990)

Department of the

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

AWARDED TO:

Return Reference

SCHEDULE I, PART II, LINE 1,

COLUMN (H), A GRANT WAS

Schedule I (Form 990) 2019

THE GRANT ACTIVITIES AND ACHIEVEMENTS.

Part III can be duplicated if additional space is needed.

Explanation

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

THROUGH PROGRAMS THAT PROMOTE DIGNITY AND INDEPENDENT LIVING.

(c) Amount of

cash grant

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

(d) Amount of

noncash assistance

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

SOCIETY FOR RESEARCH ON EDUCATION EFFECTS (SREE) - TO INCREASE POSITIVE HEALTH OUTCOMES AND DECREASE HEALTH DISPARITIES IN MINORITY WOMEN.

THE GASTON & PORTER HEALTH IMPROVEMENT CTR, INC. - TO INCREASE POSITIVE HEALTH OUTCOMES AND DECREASE HEALTH DISPARITIES IN MINORITY WOMEN.

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. MEALS ON WHEELS CENTRAL TEXAS - TO SUPPORT MEALS ON WHEELS' MISSION TO NOURISH AND ENRICH THE LIVES OF SENIORS

(e) Method of valuation (book,

FMV, appraisal, other)

Page **2**

(f) Description of noncash assistance

Schedule I (Form 990) 2019

Additional Data

(a) Name and address of

TEACHERS COLLEGE

SOCIETY FOR RESEARCH ON

EDUCATION EFFECTS (SREE) 2040 SHERIDAN ROAD EVANSTON, IL 60208

COLUMBIA UNIV 475 RIVERSIDE DRIVE NEW YORK, NY 10115

Software ID: **Software Version: EIN:** 25-0965219

(b) EIN

26-4739791

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.

501(C)(3)

(c) IRC section

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-
HECHINGER INST ON EDUCATION AND THE MEDIA	13-1624202	501(C)(3)	10,000			

(d) Amount of cash

(f) Method of valuation

28,673 FMV

(e) Amount of non-

(q) Description of n-cash assistance

(h) Purpose of grant or assistance

SPONSORSHIP OF THE

GENERAL HECHINGER REPORT

SEE SCHEDULE I, PART

OFFICE SUPPORT FOR

FACILITY/IT SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

THE GASTON & PORTER HEALTH IMPROVEMENT CTR INC 8612 TIMBER HILL LN POTOMAC, MD 20854	03-0455203	501(C)(3)		40,142		OFFICE SUPPORT FOR FACILITY/IT SERVICES	SEE SCHEDULE I, PART IV
LATCED FOLINDATION	04 4405630	E04/63/33	244 200				CEE COMEDINE F DARE

KAISER FOUNDATION 94-1105628 501(C)(3) 211,289 ISEE SCHEDULE I, PART 1800 HARRISON STREET 16TH

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

FLOOR

OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 23-7202594 501(C)(3) 8.333 ISEE SCHEDULE I. PART

MEALS ON WHEELS CENTRAL TEXAS

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

3227 F 5TH STREET AUSTIN. TX 78702

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49332	118 3	880	
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047	
(For	n 990)	For certain Officer							
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV	, line 23.	2019			
D			▶ Attach	to Form 990. instructions and the latest inform		Openi			
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov</u>	101	matructions and the latest mion	nation.		ectio		
	ne of the organiza RICAN INSTITUTES	ation FOR RESEARCH IN THE			Employer identifica	tion nu	ımber		
	AVIORAL SCIENCES				25-0965219				
Pa	rt I Questi	ons Regarding Compensat	ion				l		
1 a				the following to or for a person liste			Yes	No_	
		ection A, line 1a. Complete Part I	II to provide an	y relevant information regarding the	se items.				
		s or charter travel	님	Housing allowance or residence for	•				
	_	companions nification and gross-up payments	H	Payments for business use of perso Health or social club dues or initiation					
		nary spending account	H	Personal services (e.g., maid, chauf					
		iary speriaring account	_	(eigi, maia, enaa	inear, andry				
b	reimbursement	or provision of all of the expense	s described abov	follow a written policy regarding pay ve? If "No," complete Part III to expl		1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a?	2	Yes		
	an ectors, traste	es, officers, merading the eloyer	(CCCCIVE DIFECTOR	, regarding the feeling effected of Eli	10 10.				
3		if any, of the following the filing of EO/Executive Director. Check all		d to establish the compensation of the	he				
				CEO/Executive Director, but explain i	in Part III.				
	✓ Compensa	ation committee	✓	Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee				
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a	Yes		
b	Participate in, o	r receive payment from, a supple	mental nonquali	ified retirement plan?		4b	Yes		
C				nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	t III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5			_	the organization pay or accrue any					
	compensation c	ontingent on the revenues of:							
а		1?				5a		No	
b		anization?				5b		No_	
6	•	•	د ۸ lino 1 مطنط به	the organization pay or accrue any					
Ü		ontingent on the net earnings of:		the organization pay of accide any					
a	-	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	ι Δ line 1a did t	the organization provide any nonfixe	d				
,	payments not d	escribed in lines 5 and 6? If "Yes,	" describe in Pa	rt III		7	Yes		
8				red pursuant to a contract that was	occribo				
				section 53.4958-4(a)(3)? If "Yes," de		8		No	
9				presumption procedure described in		-		INO	
,						9			
For F	Paperwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Part III Supplemental Information

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

Dotum Dofovonos	Evaluation
Return Reference	Explanation

PART I, LINE 1A AIR AUTHORIZES THE USE OF FIRST-CLASS TRAVEL FOR PERSONS LISTED ON PART VII, SECTION A, LINE 1A. SUCH AUTHORIZATIONS REQUIRE A MEDICAL PURPOSE OR CIRCUMSTANCE SUPPORTING THE BUSINESS NEED. AIR ALSO LIMITS THE USE OF CORPORATE CREDIT CARDS BY EMPLOYEES THAT CREATE DIRECT LIABILITY TO THE ORGANIZATION. CHARGES ON CREDIT CARDS ARE SUBJECT TO LIMITS. CHARGES ON CORPORATE LIABILITY CARDS ARE REVIEWED AND RECONCILED REGULARLY FOR APPROPRIATENESS OF THE BUSINESS PURPOSE. USES FOR PERSONAL PURPOSES ARE GENERALLY, DE MINIMIS AND

REPORTED AS TAXABLE INCOME TO THE PERSONS IF NOT OTHERWISE REIMBURSED. OCCASIONALLY AND WITH RARE FREQUENCY, TRAVEL MAY BE PROCURED FOR, AND REIMBURSED BY, COMPANIONS. PART I, LINES 4A-B DURING THE PERIOD PRIOR TO AND, IN MOST INSTANCES, INCLUDING THE TIME OF SALE OF THE STUDENT ASSESSMENT TESTING DIVISION ON DECEMBER 31, 2019, CERTAIN KEY INDIVIDUALS LISTED IN PART II HELD DIVISION LEADERSHIP POSITIONS INTEGRAL TO THE ONGOING DEVELOPMENT AND GROWTH OF THE DIVISION. THE CENTRAL CONTRIBUTIONS OF THESE KEY INDIVIDUALS WERE DEEMED ESSENTIAL TO AIR'S SUCCESSFUL COMPLETION OF THE SALE OF THE

DIVISION, THESE INDIVIDUALS BECAME EMPLOYEES OF THE PURCHASING ORGANIZATION (CAMBIUM LEARNING GROUP) AND CEASED EMPLOYMENT WITH AIR: STEPHEN KROMER (BECAME EMPLOYED BY PURCHASER) GARY PHILLIPS (BECAME EMPLOYED BY PURCHASER) LARRY ALBRIGHT (BECAME EMPLOYED BY PURCHASER) JON COHEN (CEASED EMPLOYMENT WITH AIR) PART I, LINE 4B: CERTAIN ELIGIBLE SENIOR EXECUTIVES PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO ADVANCE REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD. THE PLAN PROVIDES THE PARTICIPANTS WITH THE ABILITY TO EARN THE EOUIVALENT OF THE ANNUAL RETIREMENT CONTRIBUTION THAT WOULD HAVE BEEN RECEIVED HAD THEIR PARTICIPATION IN AIR'S DEFINED CONTRIBUTION PLAN NOT BEEN STATUTORILY LIMITED. CONTRIBUTIONS TO THE NON-QUALIFIED COMPENSATION PLAN ARE PART I, LINE 7

SUBJECT TO VESTING PROVISIONS THAT ALSO SERVE TO DEFER PAYMENT AND INCENT THE EXECUTIVES' RETENTION. DEFERRED COMPENSATION AWARDS MADE (NOT VESTED AND NOT PAID) DURING 2019 WERE AS FOLLOWS: MARIJO AHLGRIMM, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER, \$102,900 DWAYNE NORRIS, SR. VICE PRESIDENT, HR & ADMINISTRATION, \$17,592 PAYMENTS MADE IN 2019 OF FULLY VESTED PORTIONS OF DEFERRED COMPENSATION AWARDS TO ANY APPLICABLE LISTED PERSONS ARE DETAILED IN PART II, COLUMN F. IN ADDITION TO BASE SALARY, AIR ADMINISTERS A BONUS PLAN THAT USES VARIABLE COMPENSATION TO RECOGNIZE CERTAIN OFFICER AND KEY EMPLOYEE ROLES FOR THEIR CONTRIBUTIONS TO ORGANIZATIONAL PERFORMANCE AS MEASURED AGAINST PREVIOUSLY ESTABLISHED GOALS. THE INDEPENDENT BOARD OF DIRECTORS ALSO APPROVES AN ANNUAL BUDGET FOR USE BY AIR TO RECOGNIZE EXCEPTIONAL PERFORMANCE OF NON-OFFICER STAFF. ALL STAFF ARE ELIGIBLE TO EARN SUCH RECOGNITION AWARDS. INDEPENDENT DIRECTORS OF THE BOARD DO NOT PARTICIPATE IN BONUS OR INCENTIVE PLANS. ADDITIONAL INFORMATION ABOUT COMPENSATION REPORTED IN COLUMN B(III) INCLUDES THE FOLLOWING: PAYMENTS IN 2019 OF VESTED PORTIONS OF PREVIOUS DEFERRED COMPENSATION AWARDS PURSUANT TO THE NON-QUALIFIED COMPENSATION PLAN DESCRIBED ON SCHEDULE J, PART I, LINE 4B WERE AS FOLLOWS: DAVID MYERS \$ 562,014 JON COHEN \$ 229,073 MARIJO AHLGRIMM \$ 110,783 MARK FANNING \$ 145,210 MICHAEL KIRSCH \$ 32,442 AWARDS MADE AND PAID IN 2019 PURSUANT TO PROVISIONS OF THE NON-OUALIFIED COMPENSATION PLAN DESCRIBED ON SCHEDULE J. PART I. LINE 4B WERE AS FOLLOWS: DAVID MYERS \$ 251,767 MARK FANNING \$ 80,022 MICHAEL KIRSCH \$ 24,712 JON COHEN \$ 200,000 PAYMENTS WERE MADE IN 2019 TO THE

DIVISION. CERTAIN OF THESE INDIVIDUALS RECEIVED RIGHTS TO SEVERANCE OR CHANGE OF CONTROL PAYMENTS. PRIOR TO OR FOLLOWING THE COMPLETION OF THE SALE, ALL CEASED EMPLOYMENT WITH AIR. AS SET FORTH BELOW, IN MOST INSTANCES, UPON COMPLETION OF THE SALE OF THE

SCHEDULE J. PART II. COLUMN B: FOLLOWING KEY EMPLOYEES PURSUANT TO FULLY VESTED TERMS OF APPLICABLE RETENTION AGREEMENTS: DWAYNE NORRIS \$ 100,000 LARRY ALBRIGHT \$ 92,500 THE VALUE OF PREVIOUSLY ACCRUED, BUT UNUSED TIME OFF BENEFITS, WAS PAID IN 2019 AS FOLLOWS: JON COHEN \$ 714,988 MARK FANNING \$ 299,798 MICHAEL KIRSCH \$ 96,108 MARIJO AHLGRIMM \$ 48,862 LARRY ALBRIGHT \$ 200,234 THE ARRANGEMENTS FOR PAYMENTS DESCRIBED IN ALL NOTES TO SCHEDULE J WERE APPROVED AT THE DISCRETION OF AIR'S INDEPENDENT BOARD OF DIRECTORS AFTER FOLLOWING THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED AT TREAS. REG. SECTION 53.4958-6(C). SCHEDULE J, PART II, COLUMNS B(II) AND B(III): INFORMATION ABOUT ADDITIONAL COMPENSATION PAID IN CONNECTION WITH THE SALE OF THE STUDENT ASSESSMENT DIVISION IS AS FOLLOWS: CERTAIN PAYMENTS WERE MADE TO JON COHEN AND STEPHEN KROMER PURSUANT TO AGREEMENTS AUTHORIZED BY AIR'S INDEPENDENT BOARD OF DIRECTORS AND ENTERED INTO IN EXCHANGE FOR THEIR CONTINUED LEADERSHIP AND KEY EFFORTS TOWARDS THE MAINTENANCE AND OPTIMIZATION OF THE STUDENT ASSESSMENT TESTING DIVISION WHILE AIR WAS IN THE PROCESS OF DIVESTING ITSELF OF THE DIVISION. THESE MEASURES WERE DEEMED ESSENTIAL TO SUCCESSFULLY COMPLETING AIR'S SALE OF THE DIVISION. THE TERMS OF THE AGREEMENTS FURTHER PROVIDED FOR THE SAFEGUARDING OF CONFIDENTIAL INFORMATION AND FOR SECURING KEY NON-SOLICITATION AND NON-COMPETITION PROVISIONS. CERTAIN PERFORMANCE BONUS PAYMENTS ALSO WERE MADE TO DAVID MYERS AND MARIJO AHLGRIMM IN RECOGNITION OF THEIR EXTRAORDINARY CONTRIBUTIONS TOWARDS THE SUCCESSFUL COMPLETION OF THE SALE OF THE STUDENT ASSESSMENT DIVISION. JON COHEN QUALIFIED FOR SEVERANCE OF \$2,374,726 FOLLOWING HIS DEPARTURE FROM AIR PURSUANT TO HIS FULFILLMENT OF THE TERMS OF HIS EMPLOYMENT AGREEMENT WITH AIR THAT INCLUDED NON-SOLICITATION AND NON-COMPETE PROVISIONS AS WELL AS RESPONSIBILITIES ASSOCIATED WITH, AND DEEMED ESSENTIAL TO, THE SALE OF THE STUDENT ASSESSMENT TESTING DIVISION. JON COHEN ALSO WAS PAID \$600,000 (PLUS INTEREST) AS PARTIAL PAYMENT PURSUANT TO THE TERMS OF A POST EMPLOYMENT, NON-SOLICITATION AND NON-COMPETE AGREEMENT THAT WAS ENTERED INTO PRIOR TO THE SALE OF THE STUDENT ASSESSMENT TESTING DIVISION. THE REMAINING OBLIGATIONS UNDER SAID AGREEMENT WERE TRANSFERRED TO, AND ASSUMED BY, THE PURCHASER OF THE STUDENT TESTING ASSESSMENT DIVISION AS OF DECEMBER 31, 2019. THE ARRANGEMENTS FOR PAYMENTS DESCRIBED IN ALL NOTES TO SCHEDULE J WERE APPROVED AT THE DISCRETION OF AIR'S INDEPENDENT BOARD OF DIRECTORS AFTER FOLLOWING THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED AT TREAS. REG. SECTION 53.4958-6(C). SCHEDULE J, PART II, COLUMN F: REFLECTS PAYMENTS OF FULLY VESTED PORTIONS OF PRIOR YEARS' DEFERRED COMPENSATION AWARDS (MADE PURSUANT TO THE PROVISIONS OF THE NON-QUALIFIED COMPENSATION PLAN AND PREVIOUSLY REPORTED IN COLUMN C OF SCHEDULE J, PART II FOR THE APPLICABLE AWARD YEARS). SUCH AMOUNTS ARE INCLUDED IN THE 2019 SCHEDULE J, PART II, COLUMN B(III). Schedule J (Form 990) 2019

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

Form 990, Schedule	∍J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID MYERS-SEE SCH J	(i)	715,384	828,455	810,629	54,128	21,778	2,430,374	559,345
NOTES BOARD MEMBER, PRES. & CEO	(ii)	11,523	13,345	13,058	872	351	39,149	0
1 MARIJO AHLGRIMM-SEE	(i)	442,423	255,878	160,415	126,069	11,942	996,727	104,526
SCH J NOTES TREASURER, EXEC. VP & CFO	(ii)	7,127	4,122	2,584	2,031	192	16,056	0
2DONA KILPATRICK SECRETARY	(i)	263,123	3,062	15,015	48,451	22,526	352,177	0
	(ii)	4,238	49	242	780	363	5,672	0
3 JON COHEN-SEE SCH J	(i)	244,436	78,881	4,025,785	53,685	17,974	4,420,761	210,000
NOTES EXEC. VP & DIV. PRESIDENT	(ii)	5,987	1,932	98,599	1,315	440	108,273	0
4 STEPHEN KROMER-SEE SCH	(i)	567,594	422,453	9,669	53,685	12,740	1,066,141	0
J NOTES SR. VP & DIVISION COO	(ii)	13,901	10,347	237	1,315	312	26,112	0
5 MICHAEL KIRSCH-SEE SCH	(i)	390,003	103,564	152,872	24,598	36,721	707,758	28,424
J NOTES EXEC. VICE PRES. & COO- END 12/2019	(ii)	9,552	2,536	3,744	602	899	17,333	0
6 MARK FANNING-SEE SCH J	(i)	27,706	102,351	517,129	7,232	9,693	664,111	137,539
NOTES EXEC. VP, CHIEF HUMAN CAP. OFFICER	(ii)	446	1,649	8,330	117	156	10,698	0
7 DWAYNE NORRIS-SEE SCH	(i)	311,043	60,623	100,180	61,182	34,957	567,985	0
J NOTES SR. VICE PRESIDENT, HR & ADMIN	(ii)	5,010	977	1,614	986	563	9,150	0
8 JESSICA JOHNSON SR. VICE PRESIDENT	(i)	295,148	61,494	80,262	33,999	34,294	505,197	0
	(ii)	7,229	1,506	1,966	833	840	12,374	0
9 JOSEPH WAGNER VP CONTRACTS, GRANTS &	(i)	244,483	29,524	3,301	22,030	3,731	303,069	0
PROCUREMENT	(ii)	3,938	476	53	355	60	4,882	0
10 SEAN BUCKLEY SR. VICE PRESIDENT-END	(i)	71,655 	80,430	56,903	5,047	930	214,965	0
1/2019	(ii)	1,755	1,970	1,394	124	23	5,266	0
11 LARRY ALBRIGHT-SEE SCH	(i)	297,626	19,522	300,113	53,685	19,728	690,674	0
J NOTES INSTITUTE FELLOW	(ii)		478	7,350	1,315	483	16,915	0
12 GARY PHILLIPS-SEE SCH J	(i)	257,635 	245,195	15,684	52,758	12,670	583,942	0
NOTES VICE PRESIDENT & INST. FELLOW	(ii)	6,310	6,005	384	1,292	310	14,301	0
13LAWRENCE B FRIEDMAN VICE PRESIDENT	(i)	261,764	40,313	82,876	53,685	32,509	471,147	0
	(ii)	6,411	987	2,030	1,315	796	11,539	0
14 DAVID OSHER VICE PRESIDENT & INST.	(i)	346,632	9,761	8,225	53,685	25,677	443,980	0
FELLOW		8,490	239	201	1,315	629	10,874	0
15 MICHAEL GARET VP & INSTITUTE FELLOW	(i)	324,123	9,761	10,617	53,685	12,348	410,534	0
	(ii)	7,938	239	260	1,315	302	10,054	0
16 CHERYL JOAN VINCE SR. VP & INSTITUTE	(i)	252,389 	4,880	64,317	51,713	12,991	386,290	0
FELLOW	(ii)	6,181	120	1,575	1,267	318	9,461	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321183880 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 2019 (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Inspection Namel Betherofgamization Employer identification number AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES 25-0965219 990 Schedule O, Supplemental Information Return **Explanation** Reference PART 1. ON DECEMBER 31, 2019, AIR SOLD ITS STUDENT ASSESSMENT DIVISION (PROGRAM). THE PROCEEDS FRO M THE SALE ARE INCLUDED IN BOX G AND PART I LINE 10. SEE THE FOLLOWING NOTES ON PART III L LINE 1 AND PART III. INE 1 FOR MORE INFORMATION. AIR'S MISSION IS TO GENERATE AND USE RIGOROUS EVIDENCE THAT CO LINE 1: NTRIBUTES TO A BETTER. MORE EQUITABLE WORLD, AIR'S VISION IS TO BE THE PREMIER RESEARCH, E VALUATION, AND TECHNICAL ASSISTANCE ORGANIZATION, GUIDED BY PRINCIPLES OF ETHICAL DECISION -MAKING, COLLABORATIONS, INCLUSION AND INNOVATION. TOWARD THAT VISION, AIR: - INFORMS IMPR OVEMENTS TO EDUCATION, HEALTH, WORKFORCE DEVELOPMENT AND RELATED AREAS; - COLLABORATES WIT H ORGANIZATIONS. POLICYMAKERS. AND PRACTITIONERS TO ADOPT EVIDENCE-BASED PRACTICES: - PART NERS GLOBALLY AND LOCALLY WITH OTHER ORGANIZATIONS AND COMMUNITIES; AND, - INTEGRATES OUR EXPERTISE IN SUBSTANTIVE AND POLICY ARENAS, RESEARCH AND EVALUATION, AND THE IMPLEMENTATIO N OF EVIDENCE-BASED PRACTICES AND INTERVENTIONS. THE ACTIVITIES REPORTED HEREIN REFLECT TH E RESULTS OF OPERATIONS AND FINANCIAL STATUS OF THE AMERICAN INSTITUTES FOR RESEARCH IN TH E BEHAVIORAL SCIENCES (AIR). PURSUANT TO THE PROVISIONS OF THIS FORM 990, THE INFORMATION EXCLUDES THE RESULTS OF OTHER ENTITIES UNDER AIR'S CONTROL.

Return

Reference	·
FORM 990, PART III, LINE 3	AFTER YEARS OF SUCCESSFULLY DEVELOPING AND OPERATING THE STUDENT ASSESSMENT DIVISION, THE BOARD DETERMINED TO RE-FOCUS AIR'S ACTIVITIES MORE INTENTLY TOWARD ACHIEVING THE OBJECTIVE S INHERENT IN THE MISSION AND VISION STATEMENTS. ACCORDINGLY, THE BOARD AUTHORIZED THE DIV ESTITURE OF THE ASSESSMENT DIVISION AND EFFECTIVE DECEMBER 31, 2019, AIR COMPLETED THE SAL E OF THE DIVISION TO THE CAMBIUM LEARNING GROUP. SUBSEQUENT TO THE SALE, AIR CONTINUES TO PURSUE ITS MISSION OF CONDUCTING BEHAVIORAL AND SOCIAL SCIENCE RESEARCH IN THE AREAS OF ED UCATION, HEALTH AND WORKFORCE DEVELOPMENT. AIR HAS AND WILL INVEST THE SALE PROCEEDS TO ST RENGTHEN ITS FINANCIAL POSITION AND TO EXPAND ITS RESEARCH, EVALUATION AND TECHNICAL ASSIS TANCE ACTIVITIES IN THE AREAS OF EDUCATION, HEALTH AND WORKFORCE DEVELOPMENT IN THE UNITED STATES AND INTERNATIONALLY. TO THAT END, IN MAY 2020, SUPPORTED BY A PORTION OF THE ABOVE -REFERENCED SALE PROCEEDS, AIR ACQUIRED IMPAQ INTERNATIONAL, A GLOBAL POLICY RESEARCH, ANA LYTICS AND IMPLEMENTATION ORGANIZATION WITH A STRONG PRESENCE IN THE HEALTH AND WORKFORCE SECTORS, AMONG OTHERS.

Explanation

Return Explanation
Reference

. PART III, LINE 3).

FORM 990, BASED ON THE IRS DEFINITION FOR SCHEDULE N, AIR DID NOT SELL MORE THAN 25% OF ITS NET ASSE
PART IV, TS IN 2019, BUT AS PREVIOUSLY DESCRIBED, IT DID DISPOSE OF A MATERIAL PORTION OF ITS OPERA
LINE 32: TIONS WHEN IT SOLD THE STUDENT ASSESSMENT DIVISION (SEE SCHEDULE O IN RESPONSE TO FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	1. THE FORM 990 IS PREPARED INTERNALLY UNDER THE GUIDANCE OF THE CHIEF EXECUTIVE OFFICER (CEO)/PRESIDENT AND CHIEF FINANCIAL OFFICER (CFO)/TREASURER. 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 COMMITTE E. 3. THE FORM 990 IS REVIEWED BY THE AUDIT AND COMPENSATION COMMITTEES OF THE BOARD AND M ADE AVAILABLE TO ALL MEMBERS OF THE BOARD PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SE RVICE.

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, EXECUTIV ES AND KEY LEADERS TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE FORM. R EQUIRED DISCLOSURES INCLUDE ANY RELATIONSHIP, OWNERSHIP INTEREST, CONTROL OR TRANSACTION W HICH MAY POSE AN ACTUAL OR PERCEIVED CONFLICT THAT COULD IMPACT AIR'S OPERATIONS OR INDEPE NDENCE. THE DISCLOSURES ARE REVIEWED AND ADJUDICATED BY THE GENERAL COUNSEL AND ETHICS OFF ICER AND THE CHIEF FINANCIAL OFFICER. INTERNAL CONTROLS HAVE BEEN ESTABLISHED IN AIR'S OPE RATIONS TO ENSURE THAT TRANSACTIONS WITH RELATED PARTIES, IF ANY, ARE IDENTIFIED AND REVIE WED IN ADVANCE BY THE BOARD OF DIRECTORS AND APPROVED FOR EXECUTION INCLUSIVE OF ARMS LENG TH THRESHOLDS. LASTLY, ALL EMPLOYEES ARE REQUIRED TO COMPLY WITH THE CODE OF CONDUCT, WHICH PROVIDES GUIDANCE ON CONFLICTS OF INTEREST.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION, FRINGE BENEFITS AND RELATED POLICIES FOR THE INDIVIDUALS LISTED HE REIN 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 REVIE WS OF EXECUTIVE COMPENSATION USING EXTERNALLY PUBLISHED DATA. THIS INFORMATION IS CONSIDER ED 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 INV OLVING 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.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Reference	Explanation
	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 CO MMITTEES. THE EXECUTIVE OFFICER IS ALSO ON THE COMMITTEE. THE EXECUTIVE COMMITTEE IS COMMI SSIONED 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 ME ETING. A QUORUM IS DEFINED AS FOUR (4) MEMBERS OF THE EXECUTIVE COMMITTEE.

F-----

Return Explanation
Reference

	FORM 990,	DATA RECOGNITION CORP PRINT, SCORE, AND DISTRIBUTE TEST REPORTS MEASUREMENT, INC PRINT,
	PART VII,	SCORE, AND DISTRIBUTE TEST REPORTS
	SECTION B.	
	DESCRIPTION	
	OF	
ı	SERVICES:	

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	IN CONNECTION WITH THE DIVESTITURE OF THE STUDENT ASSESSMENT DIVISION (SEE FORM 990, PART
PART VII,	III, LINE 3), CERTAIN BOARD MEMBERS CONTRIBUTED EXPERTISE AND LEADERSHIP THROUGHOUT THE DU
SECTION A,	RATION OF THE SALE TRANSACTION PROCESS THAT SUBSTANTIALLY EXCEEDED THE REQUIREMENTS OF THE
LINE 1A:	R REGULAR BOARD DUTIES. BOARD INFORMATION REPORTED FORM 990, PART VII, INCLUDES COMPENSAT
	ION FOR ADDITIONAL MEETINGS AND TRANSACTION ANALYSIS NECESSARY TO SUCCESSFULLY COMPLETE TH
	E SALE AS CONSUMMATED ON DECEMBER 31, 2019. ALSO SEE SCHEDULE J FOR MORE INFORMATION ON CO
	MPENSATION MATTERS RELATED TO CERTAIN OF THE EMPLOYED PERSONS LISTED HERE.

Return Reference	Explanation
FORM 990, PART VIII, LINE 7A, COLUMN (II):	THE SALE OF THE STUDENT ASSESSMENT DIVISION ARE INCLUDED ON THIS LINE. GROSS RECEIPTS FROM THE SALE ARE ALSO INCLUDED ON PAGE 1 BOX G AND PART 1 LINE 10. PLEASE SEE PART III LINE 3 DISCLOSURE FOR MORE DETAILS.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RECRUITING ADS/AGENCY FEES: PROGRAM SERVICE EXPENSES 286,654. MANAGEMENT AND GENERAL EXPEN SES 54,032. FUNDRAISING EXPENSES 15,048. TOTAL EXPENSES 355,734. TEMPORARY HELP: PROGRAM S ERVICE EXPENSES 13,012,504. MANAGEMENT AND GENERAL EXPENSES 551,442. FUNDRAISING EXPENSES 240,379. TOTAL EXPENSES 13,804,325. HONORARIA: PROGRAM SERVICE EXPENSES 1,986,263. MANAGEM ENT AND GENERAL EXPENSES 642,004. FUNDRAISING EXPENSES 407. TOTAL EXPENSES 2,628,674. TRAN SLATORS/INTERPRETERS: PROGRAM SERVICE EXPENSES 862,196. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 88 ,870,510. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 88,870 ,510. CONSULTANTS: PROGRAM SERVICE EXPENSES 10,601,192. MANAGEMENT AND GENERAL EXPENSES 79 8,205. FUNDRAISING EXPENSES 151,397. TOTAL EXPENSES 11,550,794.

Return Reference	Explanation
FORM 990 PART I, 16B	FUNDRAISING CONSISTS OF THE COSTS INCURRED TO DESIGN SOLUTIONS THAT RESPOND TO POTENTIAL C USTOMERS' REQUESTS FOR PROPOSALS. IT PRIMARILY CONSISTS OF INTERNAL LABOR AND AN ALLOCATIO
AND PART IX,	N OF FRINGE BENEFITS AND OVERHEAD IN PROPORTION TO THE LABOR. THE STAFF ARE NOT HIRED SPEC
COLUMN (D) -	FICALLY FOR THIS FUNDRAISING ACTIVITY BUT OCCASIONALLY SPEND A PORTION OF THEIR WORK EFFO
FUNDRAISING:	
	CHNICAL ASSISTANCE IN THE WRITING OF SERVICE SOLUTIONS. THE AMOUNT EXPENDED FOR THESE ACTI
	VITIES VARIES ANNUALLY AND DIRECTLY BASED ON THE PROGRAMMATIC NEEDS OF THE AGENCY CUSTOMER
	S SERVED BY AIR'S MISSION. MOST AWARDS THAT RESULT FROM THIS ANNUAL FUNDRAISING ACTIVITY W
	ILL HAVE WIGHT FEAR DONATIONS.

990 Schedule O, Supplemental Information

Return

LINE 11F:

Reference	
,	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.

Explanation

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.

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.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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.

OMB No. 1545-0047

DLN: 93493321183880

Open to Public

Department of the Treasury Internal Revenue Service

BEHAVIORAL SCIENCES

Name of the organization

AMERICAN INSTITUTES FOR RESEARCH IN THE

(Form 990)

SCHEDULE R

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

Inspection

Employer identification number

25-0965219

Part I Identification of Disregarded Entities. Complete i	f the o	organization answer	ed	"Yes" on Form	990	, Part IV, line 3	3.			
(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 controlli entity	ng	
(1) COLLEGE MEASURES LLC 1400 CRYSTAL DRIVE 10TH FLOOR ARLINGTON, VA 22202 45-2671930		SEE SCHEDULE R, PART	VII	DE		66,438	95,904	AIR		_
										_
										_
										_
										_
Part II Identification of Related Tax-Exempt Organizatio	ns. Co	omplete if the organ	niza	ation 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) empt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co en	ntrolle tity?
(1)AMERICAN INSTITUTES FOR RESEARCH UK LIMITED 1400 CRYSTAL DRIVE 10TH FL	BEHAVIORAL AND SOCIAL SCIENCES RESEARCH AND		UK					AIR	Yes	No
ARLINGTON, VA 22202	APPLI	ICATIONS								
(2)LEARNING POINT ASSOCIATES 1400 CRYSTAL DRIVE 10TH FL	SEE S	CHEDULE R, PART VII		IL 5		(C)(3)	7	AIR	Yes	
ARLINGTON, VA 22202 37-1161423										
(3)NATIONAL CENTER ON FAMILY HOMELESSNESS 1400 CRYSTAL DRIVE 10TH FL	SEE S	CHEDULE R, PART VII		MA	501(C)(3)		7	AIR	Yes	
ARLINGTON, VA 22202 22-2882452										
(4)SOUTHWEST EDUCATIONAL DEVELOPMENT CORP 1400 CRYSTAL DRIVE 10TH FL	SEE S	CHEDULE R, PART VII		TX	501(C)(3)		7	AIR	Yes	
ARLINGTON, VA 22202 74-1545911										
(5) AIR INTERNATIONAL 1400 CRYSTAL DRIVE 10TH FL	SEE S	CHEDULE R, PART VII		DC	501	(C)(3)	7	AIR	Yes	
ARLINGTON, VA 22202 75-3046958										
(6)AIR EUROPE 1400 CRYSTAL DRIVE 10TH FL	SEE S	CHEDULE R, PART VII		GM				AIR	Yes	
ARLINGTON, VA 22202										
or Paperwork Reduction Act Notice, see the Instructions for Form	990-		<u> </u>	Cat. No. 50135	Y		I	Schedule R (For	m 990) 2	019

Part III Identification of Related Organi one or more related organizations to	zations Taxable as a l reated as a partnership	Partnership. during the ta	Comple x year.	ete if the or	ganizatio	on ansv	wered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it	nad
(a) Name, address, and EIN of related organization			(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 o total inco		(h) Disproprtiona r allocations?		code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)			(k) ercentage ownership
					319	*/			Yes	No		Yes	No	
													+	
Part IV Identification of Related Organi because it had one or more related (a) Name, address, and EIN of related organization	Name, address, and EIN of Primary activity		or Trus on or tru c) gal nicile r foreign ntry)	st during t	te if the content of the tax yes (d) (controlling entity	ear.	e) f entity orp, S rp,	nswered "Ye (f) Share of total income	Share	(g) of end-oyear essets	(H	n) ntage	Se	(i) ection 512 (b)(13) ontrolled entity?
(1)AIR HOLDING COMPANY	EDUCATIONAL SERVICES	D	F	AMERIO	^AN	C		1,082,981		1,744,2	77 100.00	00 %	Ye	
1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 52-2205344	EBOCATIONAL SERVICES				UTES FOR			1,002,301		1,777,2	77 100.00	70 70		
	1								1					

Page **3**

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			T
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
	Gift, grant, or capital contribution to related organization(s)	1 b		No
	Gift, grant, or capital contribution from related organization(s)	1c		N
	Loans or loan guarantees to or for related organization(s)	1 d		N
	Loans or loan guarantees by related organization(s)	1e		N
f	Dividends from related organization(s)	1f		N.
	Sale of assets to related organization(s)	1 g		N
	Purchase of assets from related organization(s)	1h		N
	Exchange of assets with related organization(s)	1i		N
	Lease of facilities, equipment, or other assets to related organization(s)	1j		N
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		N
	Performance of services or membership or fundraising solicitations for related organization(s)	11		N
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		N
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	T
	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	┝
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	\vdash
		4-	V	+

						- 1	
p Reimbursement paid to related organization(s) for expenses					1p Ye	s	
q Reimbursement paid by related organization(s) for expenses					1q Ye	s	
${f r}$ Other transfer of cash or property to related organization(s)					1r Ye	s	
${f s}$ Other transfer of cash or property from related organization(s)					1s Ye	s	
2 If the answer to any of the above is "Yes," see the instructions for information on ee Additional Data Table	,		•				
(a) Name of related organization		(b) Transaction type (a-s)	(d) Method of determining am	(d) od of determining amount involve			
		-71- (7					

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

Schedule R (Form 990) 2019 Page 5 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 MEMBER.

Return Reference	Explanation
	LEARNING POINT ASSOCIATES - EDUCATION RESEARCH, DEVELOPMENT AND DISSEMINATION OF INFO RE: INSTRUCTIONAL IMPROVEMENT, PROFESSIONAL DEVELOPMENT AND EDUCATIONAL APPLICATIONS OF TECHNOLOGY. AIR IS THE SOLE MEMBER. NATIONAL CENTER ON FAMILY HOMELESSNESS - RESEARCH, TRAINING, PROGRAM DEVELOPMENT AND POLICY INITIATIVES DIRECTED TOWARDS ENDING FAMILY HOMELESSNESS. AIR IS THE SOLE MEMBER. 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 MEMBER. AIR INTERNATIONAL - EDUCATIONAL RESEARCH AND EVALUATION. AIR IS THE SOLE MEMBER. A.I.R. EUROPE WAS ESTABLISHED AS A NON-PROFIT ORGANIZED PURSUANT TO APPLICABLE PROVISION OF GERMANY AND FOR THE PURPOSE OF PURSUING OPPORTUNITIES FOR INTERNATIONAL DEVELOPMENT AND RESEARCH /EVALUATION ACTIVITIES WITH INTERNATIONAL SOVEREIGN GOVERNMENT OR NON-PROFIT FUNDERS. AIR IS THE SOLE MEMBER.

Additional Data

AIR HOLDING COMPANY

AIR INTERNATIONAL

AIR INTERNATIONAL

AIR EUROPE

AIR EUROPE

SOUTHWEST EDUCATIONAL DEVELOPMENT CORP

SOUTHWEST EDUCATIONAL DEVELOPMENT CORP

Software ID: Software Version:

EIN: 25-0965219

Name: AMERICAN INSTITUTES FOR RESEARCH IN THE

(c)

Amount Involved

2,823,755

6,435,860

1,079,533

278,644

99,450

200,271

55,797

type(a-s)

S

Q

Ρ

Ρ

Р

R

R

(d)

Method of determining amount involved

ACTUAL COSTS INCURRED

BEHAVIORAL SCIENCES

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

rm 990, Schedule R, Part V - Transactions With Related Organizations		
(a) Name of related organization	(b) Transaction	Am
Name of related organization	I I ali Saction	1 0 11