

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1400 CRYSTAL DRIVE 10TH FLOOR. City or town, state or province, country, and ZIP or foreign postal code: ARLINGTON, VA 22202

D Employer identification number: 25-0965219. E Telephone number: (202) 403-5000. G Gross receipts \$ 787,461,152

F Name and address of principal officer: JESSICA HEPPEN, 1400 CRYSTAL DRIVE 10TH FLOOR, ARLINGTON, VA 22202

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.AIR.ORG

K Form of organization: Corporation

L Year of formation: 1946. M State of legal domicile: PA

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, expenses breakdown, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer PAMELA J KEEFE CHIEF FINANCIAL OFFICER, Date 2025-11-17. Paid Preparer Use Only: Firm's name GRANT THORNTON ADVISORS LLC, Firm's EIN 99-1856619.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE OAIR'S MISSION IS TO GENERATE AND USE RIGOROUS EVIDENCE THAT CONTRIBUTES TO A BETTER, MORE EQUITABLE WORLD.AIR'S VISION IS TO BE A PREMIER RESEARCH, EVALUATION, AND TECHNICAL ASSISTANCE ORGANIZATION, GUIDED BY PRINCIPLES OF ETHICAL DECISION-MAKING, COLLABORATIONS, INCLUSION, AND INNOVATION.TOWARD THIS VISION, SPECIFICALLY, AIR:- INFORMS IMPROVEMENTS TO EDUCATION, HEALTH, WORKFORCE DEVELOPMENT AND RELATED SOCIAL SCIENCES AREAS.- COLLABORATES WITH ORGANIZATIONS, POLICYMAKERS, AND PRACTITIONERS TO ADOPT EVIDENCE-BASED PRACTICES.- PARTNERS GLOBALLY AND LOCALLY WITH OTHER ORGANIZATIONS AND COMMUNITIES; AND,- INTEGRATES EXPERTISE IN SUBSTANTIVE AND POLICY ARENAS, RESEARCH AND EVALUATION, AND THE IMPLEMENTATION OF EVIDENCE-BASED PRACTICES AND INTERVENTIONS.

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

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

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

4a (Code: ) (Expenses \$ 301,501,285 including grants of \$ 79,603,069 ) (Revenue \$ 292,404,864 ) AIR CONDUCTS BEHAVIORAL AND SOCIAL SCIENCE RESEARCH AND DELIVERS TECHNICAL ASSISTANCE TOWARD SOLVING SOME OF THE MOST URGENT CHALLENGES IN THE U.S. AND ABROAD. DURING 2024, AIR GENERATED REVENUE BY PROVIDING CONTRACTED SERVICES OR FROM GRANTS RECEIVED FROM FEDERAL AND STATE AGENCIES AND OTHER NON-PROFIT ORGANIZATIONS (COLLECTIVELY, REFERRED TO AS CLIENT SERVICES). NET EARNINGS ARE REINVESTED TO STRENGTHEN LONG-TERM INSTITUTIONAL VITALITY.NARRATIVE IS CONTINUED ON SCHEDULE OTHE EXPERTISE AND ACTIVITIES OF CLIENT SERVICES SPAN BROADLY AND DEEPLY ACROSS HUMAN SERVICES, HEALTH AND INTERNATIONAL SECTORS AND SUPPORT STAKEHOLDERS RANGING FROM POLICYMAKERS, PUBLIC SERVICE PROFESSIONALS AND PRACTITIONERS AS THEY SHAPE OUTCOMES FOR YOUNG PEOPLE, FAMILIES, AND COMMUNITIES TO IMPROVE QUALITY, ACCESS, ENABLE THRIVING OPPORTUNITIES, AND IMPROVE LIVES FOR ALL. AIR ALSO CONDUCTS AND APPLIES RIGOROUS RESEARCH AND EVALUATION TO PROVIDE GOVERNMENTS AND INTERNATIONAL AID AGENCIES WITH TOOLS, EXPERTISE, AND INFORMATION TO MEASURE THE PROGRAMS' EFFECTIVENESS, INITIATIVES, AND INSTITUTIONS. THROUGH TECHNICAL ASSISTANCE, AIR HELPS LEADERS, POLICYMAKERS, AND ORGANIZATIONS BUILD, PILOT, AND IMPLEMENT FIELD-BASED ACTIVITIES IN DEVELOPING COUNTRIES.

4b (Code: ) (Expenses \$ 26,913,856 including grants of \$ 6,598,862 ) (Revenue \$ 21,271 ) AIR USES BOARD-AUTHORIZED APPROPRIATIONS FROM ITS QUASI-ENDOWMENT TO SUPPORT INITIATIVES (COLLECTIVELY REFERRED TO AS THE AIR OPPORTUNITY FUND) THAT ARE TYPICALLY NOT OTHERWISE FINANCED BY EXTERNAL SOURCES. THROUGH THIS WORK, AIR AIMS TO: (1) BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE BY SUPPORTING PROJECTS THAT APPLY EVIDENCE TO REAL-WORLD CHALLENGES IN EDUCATION, WORKFORCE DEVELOPMENT, NEIGHBORHOOD SAFETY, AND HEALTH AND WELL-BEING; (2) STRENGTHEN ORGANIZATIONAL AND INDIVIDUAL CAPACITY --AND THE STRUCTURES, TOOLS, AND PROCESSES THAT ENABLE THE EFFECTIVE USE OF EVIDENCE IN POLICY AND PRACTICE; AND (3) INVEST IN INNOVATIVE EFFORTS THAT DEMONSTRATE THE POTENTIAL TO TRANSLATE RESEARCH INTO MEASURABLE IMPROVEMENTS FOR PEOPLE AND COMMUNITIES.NARRATIVE IS CONTINUED ON SCHEDULE OAIR OPPROTUNITY FUND IS FUNDED WITH A PORTION OF THE ANNUAL APPROPRIATION FROM THE QUASI-ENDOWMENT. THE AMOUNT OF THE ANNUAL APPROPRIATION IS GUIDED BY THE INTENTION OF MAINTAINING THE LONG-TERM, INFLATION-ADJUSTED PURCHASING POWER OF THE QUASI-ENDOWMENT AND GENERALLY RANGES UP TO 5% OF THE TRAILING THIRTY-SIX-MONTH FAIR MARKET VALUE OF THE UNDERLYING INVESTMENT PORTFOLIO.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 328,415,141

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-e and 14a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a, b, c, etc.). Includes questions about employee counts (1,875), federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts. Columns include question text, sub-questions, and Yes/No/Amount responses.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, HI, IL, KY, MA, MI, MN, NJ, NM, NY, OR, PA, RI, TN, UT 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request 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: PAMELA J KEEFE 1400 CRYSTAL DRIVE 10TH FLOOR ARLINGTON, VA 22202 (202) 403-5000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID MYERS ..... CEO (END 02/24)/ BD & CMTE MEMBER	2.00 ..... 0.00	X		X			1,634,366	0	13,293	
(2) JESSICA HEPPEN PRESIDENT ..... (ALL OF 2024) & CEO (AS OF 03/24)	40.00 ..... 1.00	X		X			953,106	0	40,508	
(3) LAWRENCE BOBO ..... BD & CMTE MEMBER, BD CHAIR	6.50 ..... 0.00	X		X			125,000	0	0	
(4) NANCY CANTOR BRECHIN ..... BD & CMTE MEMBER, CMTE CHAIR	5.00 ..... 0.00	X					92,000	0	0	
(5) KIMBERLY PATTILLO BROWNSON ..... BD & CMTE MEMBER, BD CMTE CHAIR	5.00 ..... 0.00	X					92,000	0	0	
(6) ALICIA KARAM HARKNESS ..... BD, CMTE MEMBER & BD CMTE CHAIR	5.00 ..... 0.00	X					92,000	0	0	
(7) KATHY MCKINLESS ..... BD & CMTE MBR, BD CMTE CHAIR	5.00 ..... 0.00	X					92,000	0	0	
(8) SOL PELAVIN BD CMTE MBR ..... BD & CMTE CHAIR, FMR PRES	5.00 ..... 0.00	X					92,000	0	0	
(9) ANDREW LIAKOPOULOS ..... BD & CMTE MEMBER, BD CMTE CHAIR	5.00 ..... 0.00	X					90,000	0	0	
(10) MANUEL PASTOR ..... BD & CMTE MEMBER	2.00 ..... 0.00	X					83,000	0	0	
(11) MICHAEL STOLL ..... BD & CMTE MEMBER	2.00 ..... 0.00	X					76,250	0	0	
(12) MAYRA E ALVAREZ ..... BD & CMTE MEMBER	2.00 ..... 0.00	X					74,000	0	0	
(13) EDWARD HAMBURG ..... BD & CMTE MBR, BD CMTE CHAIR	5.00 ..... 0.00	X					70,000	0	0	
(14) ROBERT F BORUCH ..... BD & CMTE MEMBER (END 12/24)	2.00 ..... 0.00	X					67,250	0	0	
(15) ROBERT ROSS ..... BD & CMTE MEMBER (AS OF 06/24)	2.00 ..... 0.00	X					45,208	0	0	
(16) MARIJO AHLGRIMM TREAS EXEC VP ..... & CFO (END 07/24), SEE SCH J	40.00 ..... 1.00			X			914,364	0	21,702	
(17) CATHERINE E LIVINGSTON ..... SEC., CHIEF LEGAL OFFC (AS OF 02/24)	40.00 ..... 1.00			X			416,418	0	61,798	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) PAMELA KEEFE ..... TREAS., SR VP & CFO (AS OF 04/24)	40.00 ..... 1.00			X			450,835	0	14,074
(19) DONA KILPATRICK ..... SEC., GENERAL COUNSEL (END 07/24)	40.00 ..... 1.00			X			385,144	0	366,564
(20) JULIE R KOCHANEK ..... SR VP, HUMAN SERVICES	40.00 ..... 0.00				X		422,869	0	66,715
(21) TIMOTHY B HILL ..... SR VICE PRESIDENT, HEALTH DIVISON	40.00 ..... 0.00				X		448,622	0	25,943
(22) DAVID S SEIDENFELD ..... SR VP, INTERNATIONAL DIVISION	40.00 ..... 0.00				X		431,918	0	35,645
(23) LESLEY A SEPANLOO ..... SR VP, HUMAN RES & WORKPLACE MGMT	40.00 ..... 0.00				X		403,160	0	60,191
(24) DONALD LINDSEY ..... CHIEF INVESTMENT OFFICER	40.00 ..... 0.00				X		371,076	0	48,847
(25) JOSEPH WAGNER ..... VP, CONTRACTS, GRANTS & PROCUREMENT	40.00 ..... 0.00				X		337,577	0	24,820
(26) LAWRENCE B TRAPUZZANO ..... VP, PROGRAM FINANCE (END 12/24)	40.00 ..... 0.00					X	521,993	0	47,895
(27) LAWRENCE B FRIEDMAN ..... VP, HUMAN SERVICES DIVISION	40.00 ..... 0.00					X	437,528	0	44,907
(28) MICHAEL GARET ..... VP & INSTITUTE FELLOW	40.00 ..... 0.00					X	441,126	0	37,219
(29) MAKINI NYANTEH ..... CCO AND SR VP - COMMUNICATIONS	40.00 ..... 0.00					X	430,798	0	43,837
(30) MAI HUBBARD ..... VP, HEALTH	40.00 ..... 0.00					X	400,313	0	53,143
(31) DAVID BAKER ..... SR VP, HEALTH DIVISION (END 09/23)	40.00 ..... 0.00					X	269,246	0	23,407
<b>1b Sub-Total</b> . . . . .									
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						10,761,167	0	1,030,508	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **804**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST ANALYTICS LLC 9225 INDIAN CREEK PARKWAY STE 200 OVERLAND PARK, KS 66210	SUBCONTRACTING SERVICES	7,680,778
NEXT FIFTEEN COMMS CORP 100 MONTGOMERY ST STE 1101 SAN FRANCISCO, CA 94104	SUBCONTRACTING SERVICES	4,411,726
TELLIGEN 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	SUBCONTRACTING SERVICES	2,091,970
SOCIAL POLICY RESEARCH ASSOCIATES INC 1333 BROADWAY SUITE 510 OAKLAND, CA 94612	SUBCONTRACTING SERVICES	1,420,131
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET 3RD FLOOR BOSTON, MA 02215	SUBCONTRACTING SERVICES	1,177,732

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **146**

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>		
<b>b</b> Membership dues . . . . .		<b>1b</b>		
<b>c</b> Fundraising events . . . . .		<b>1c</b>		
<b>d</b> Related organizations		<b>1d</b>		
<b>e</b> Government grants (contributions)		<b>1e</b>	60,178,494	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above		<b>1f</b>	19,424,575	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$		<b>1g</b>		
<b>h Total.</b> Add lines 1a-1f . . . . .				79,603,069

Program Service Revenue		Business Code				
<b>2a</b> PROJECTS		541900	292,821,526	292,404,864	416,662	
<b>b</b> CONFERENCE INCOME		541900	14,197	14,197		
<b>c</b> SPEAKING INCOME		541900	7,074	7,074		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			292,842,797			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		21,475,552		1,288,925	20,186,627	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .		2,002			2,002	
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>	6,274,803			
		(ii) Personal	<b>6b</b>	7,491,479			
		<b>b</b> Less: rental expenses	<b>6c</b>	-1,216,676			
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .			-1,216,676			-1,216,676
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>	387,262,929			
		(ii) Other	<b>7b</b>	342,782,202			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7c</b>	44,480,727			
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .			44,480,727			44,480,727
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Other Revenue Misc Amt	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions . . . . .			437,187,471	292,426,135	1,705,587	63,452,680	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,298,852	4,298,852		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	398,500	398,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,901,510	1,901,510		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,919,127	1,578,460	7,340,667	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	23,407	21,066	2,341	
<b>7</b> Other salaries and wages	208,078,375	181,272,147	11,762,128	15,044,100
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,028,481	11,922,285	1,086,653	1,019,543
<b>9</b> Other employee benefits	18,029,383	15,264,694	1,452,499	1,312,190
<b>10</b> Payroll taxes	14,329,123	12,064,520	1,240,959	1,023,644
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	669,758	239,299	409,978	20,481
<b>c</b> Accounting	360,383		360,383	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	307,556			307,556
<b>f</b> Investment management fees	11,386,425		11,386,425	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,332,186	64,865,511	2,238,762	227,913
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	5,907,201	4,739,116	924,245	243,840
<b>14</b> Information technology	12,796,780	11,192,538	1,148,038	456,204
<b>15</b> Royalties				
<b>16</b> Occupancy	8,345,459	6,201,562	1,627,233	516,664
<b>17</b> Travel	6,599,046	6,012,808	359,498	226,740
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,379,971	3,995,043	303,521	81,407
<b>20</b> Interest	26,405		26,405	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	13,462,378	1,503,040	11,832,660	126,678
<b>23</b> Insurance	569,851	86,280	475,985	7,586
<b>24</b> 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.)				
<b>a</b> FOCUS GROUP EXPENSES	705,546	705,510	36	0
<b>b</b> UBIT	526,076	0	526,076	0
<b>c</b> MISC. EXPENSES	368,105	152,400	213,082	2,623
<b>d</b> DUES MEMBERSHIPS & SUBS	25,170	0	12,275	12,895
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	403,775,054	328,415,141	54,729,849	20,630,064
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	42,381,489	<b>1</b>	41,310,214
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	62,810,756	<b>4</b>	78,190,635
	<b>5</b> Loans and other receivables from 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,439,396	<b>9</b>	5,003,665
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 26,882,362		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 17,276,557	9,483,104	<b>10c</b> 9,605,805
	<b>11</b> Investments—publicly traded securities . . . . .	497,433,893	<b>11</b>	516,009,478
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	270,638,525	<b>12</b>	307,450,131
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	74,393,585	<b>14</b>	62,928,027
	<b>15</b> Other assets. See Part IV, line 11	50,572,131	<b>15</b>	38,123,815
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,012,152,879	<b>16</b>	1,058,621,770	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	63,693,880	<b>17</b>	66,548,168
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	27,271,706	<b>19</b>	27,778,489
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	58,532,305	<b>25</b>	44,472,043
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	149,497,891	<b>26</b>	138,798,700
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	862,654,988	<b>27</b>	919,823,070
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	862,654,988	<b>32</b>	919,823,070
<b>33</b> Total liabilities and net assets/fund balances	1,012,152,879	<b>33</b>	1,058,621,770	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	437,187,471
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	403,775,054
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	33,412,417
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	862,654,988
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,086,994
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	668,671
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	919,823,070

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Employer identification number**  
25-0965219

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

**16a 33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,038,409	75,797,546	77,440,391	77,246,939	79,603,069	386,126,354
<b>2</b> 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	192,816,211	215,837,770	252,436,314	268,783,784	292,404,864	1,222,278,943
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	268,854,620	291,635,316	329,876,705	346,030,723	372,007,933	1,608,405,297
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	98,219,130	106,608,990	128,374,368	140,485,331	141,920,377	615,608,196
<b>c</b> Add lines 7a and 7b.	98,219,130	106,608,990	128,374,368	140,485,331	141,920,377	615,608,196
<b>8 Public support.</b> (Subtract line 7c from line 6.)						992,797,101

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6.	268,854,620	291,635,316	329,876,705	346,030,723	372,007,933	1,608,405,297
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,670,476	12,649,459	17,064,825	25,638,754	26,463,432	95,486,946
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.	13,670,476	12,649,459	17,064,825	25,638,754	26,463,432	95,486,946
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	6,153,894	1,481,863	-664,758	1,235,548	8,206,547
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	282,525,096	310,438,669	348,423,393	371,004,719	399,706,913	1,712,098,790
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	57.990 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	55.280 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	5.580 %
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17	<b>18</b>	4.290 %

**19a 33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	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 <b>Part VI</b> 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	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).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b>	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 <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined on 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 <b>Part VI</b> .		
<b>10a</b>	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," answer line 10b below.		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**Part IV Supporting Organizations** (continued)

- |            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |
- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

**Section B. Type I Supporting Organizations**

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |
- 1** Did the officers, 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.*
- 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.*

**Section C. Type II Supporting Organizations**

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*

**Section D. All Type III Supporting Organizations**

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |
|          |     |    |
| <b>3</b> |     |    |
- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 3** By reason of the relationship described in line 2 above, 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.*

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2** Activities Test. **Answer lines 2a and 2b below.**

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     |    |
|           |     |    |
| <b>2b</b> |     |    |
- 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.*
- b** Did the activities described on line 2a, above 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.*

- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
FORM 990, SCHEDULE A, PART III	IN 2024, AIR CHANGED ITS REVENUE CLASSIFICATIONS ON PART VIII, LINES 1 AND 2 TO CONFORM WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. ACCORDINGLY, REVENUE CLASSIFICATIONS ON SCHEDULE A HAVE CHANGED TO MATCH THE NEW PRESENTATION. IN ADDITION, FOR 2024, AIR SWITCHED FROM COMPLETING THE SUPPORT SCHEDULE AT SCHEDULE A, PART II TO THE SUPPORT SCHEDULE AT SCHEDULE A, PART III. THE SUPPORT SCHEDULE COMPLETED THIS YEAR ALIGNS WITH AIR'S CLASSIFICATION AS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(2).

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	Employer identification number 25-0965219
--	--

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 AMERICAN INSTITUTES FOR RESEARCH IN THE  
 BEHAVIORAL SCIENCES

**Employer identification number**  
 25-0965219

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 AMERICAN INSTITUTES FOR RESEARCH IN THE  
 BEHAVIORAL SCIENCES

Employer identification number

25-0965219

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization  
 AMERICAN INSTITUTES FOR RESEARCH IN THE  
 BEHAVIORAL SCIENCES

Employer identification number  
 25-0965219

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE D**  
**(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**Open to Public Inspection**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Employer identification number**

25-0965219

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .	1,301,120	C
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	306,149,011	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	307,450,131	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RIGHT OF USE LIABILITIES	44,438,286
SUBLEASE DEPOSITS	33,757
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	44,472,043

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII**

**Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4:	IN RECENT YEARS, THE BOARD OF DIRECTORS DESIGNATED A PORTION OF THE EXCESS OF REVENUES LESS EXPENSES TO BE ESTABLISHED AS A QUASI-ENDOWMENT. THE QUASI-ENDOWMENT SUPPORTS THE MISSION AND IS AVAILABLE: 1) TO ENSURE AIR'S LONG-TERM, FINANCIAL STRENGTH AND LIQUIDITY, 2) TO SUPPORT THE NEEDS OF NON-RECURRING TRANSACTIONS SUCH AS ACQUISITION ACTIVITY, AND 3) TO FUND SELF-SPONSORED RESEARCH AND GRANT-MAKING INITIATIVES THAT ADVANCE AIR'S MISSION AND ARE OTHERWISE NOT FUNDED BY OTHER SOURCES.
PART X, LINE 2:	MANAGEMENT HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. TAX RETURNS ARE SUBJECT TO PERIODIC EXAMINATION BY DOMESTIC AND INTERNATIONAL TAXING AUTHORITIES. THERE ARE NO DOMESTIC EXAMINATIONS IN PROGRESS. EXAMINATIONS BY INTERNATIONAL TAX AUTHORITIES OCCUR PURSUANT TO RELATED STATUTES. MANAGEMENT RECORDS ESTIMATES FOR SUCH TAX EXPOSURES WHICH HAVE HISTORICALLY BEEN IMMATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**

**Software Version:**

**SCHEDULE F**  
**(Form 990)**  
(Rev. January 2025)

**Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
25-0965219

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	8	PROGRAM SERVICES	SEE SCHEDULE F, PART V	430,089
(2) NORTH AMERICA	1	100	PROGRAM SERVICES	SEE SCHEDULE F, PART V	6,344,149
(3) EAST ASIA AND THE PACIFIC	0	14	PROGRAM SERVICES	SEE SCHEDULE F, PART V	604,769
(4) SOUTH ASIA	0	2	PROGRAM SERVICES	SEE SCHEDULE F, PART V	189,117
(5) SUB-SAHARAN AFRICA	2	137	PROGRAM SERVICES	SEE SCHEDULE F, PART V	4,652,810
(6) EUROPE (INCLUDING ICELAND & GREENLAND)	1	42	PROGRAM SERVICES	SEE SCHEDULE F, PART V	1,023,888
(7) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,642,586
(8) NORTH AMERICA	0	0	GRANTMAKING		75,850
(9) SOUTH AMERICA	0	0	GRANTMAKING		126,961
(10) SOUTH ASIA	0	0	GRANTMAKING		56,112
(11) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		127,109,198
(12) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		5,119,731
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	4	303			14,963,258
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			132,412,002
<b>c Totals</b> (add lines 3a and 3b)	4	303			147,375,260

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	CASH TRANSFERS-MEXICO, BRAZIL, COLUMBIA (1)	75,850	FUND TRANSFERS	0		
(2)			SOUTH AMERICA	CASH TRANSFERS-MEXICO, BRAZIL, COLUMBIA (2)	64,808	FUND TRANSFERS	0		
(3)			SOUTH AMERICA	CASH TRANSFERS-MEXICO, BRAZIL, COLUMBIA (2)	62,153	FUND TRANSFERS	0		
(4)			SOUTH ASIA	IMPACTS OF INEQUITY-INDIA (3&4)	47,157	FUND TRANSFERS	0		
(5)			SOUTH ASIA	MENSTRUAL HEALTH HYGIENE (4)	7,878	FUND TRANSFERS	0		
(6)			SUB-SAHARAN AFRICA	IMPACT NETWORK (ZAMBIA) (5&6)	962,434	FUND TRANSFERS	0		
(7)			SUB-SAHARAN AFRICA	IMPACT NETWORK - PROMOTING EQUALITY IN AFRICAN SCHOOLS (7)	24,429	FUND TRANSFERS	0		
(8)			SUB-SAHARAN AFRICA	AMPLIFYING WOMENS VOICES (8)	8,600	FUND TRANSFERS	0		
(9)			SUB-SAHARAN AFRICA	CONTRIBUTIONS (9)	10,000	FUND TRANSFERS	0		
(10)			SUB-SAHARAN AFRICA	PARTNERSHIP PIPELINE PROGRAM - AFRICA (10)	10,875	FUND TRANSFERS	0		
(11)			SUB-SAHARAN AFRICA	PARTNERSHIP PIPELINE PROGRAM - AFRICA (10)	9,750	FUND TRANSFERS	0		
(12)			SUB-SAHARAN AFRICA	PARTNERSHIP PIPELINE PROGRAM - AFRICA (11)	115,435	FUND TRANSFERS	0		
(13)			SUB-SAHARAN AFRICA	PARTNERSHIP PIPELINE PROGRAM - AFRICA (11)	123,970	FUND TRANSFERS	0		
(14)			SUB-SAHARAN AFRICA	ORANGE-FLESHED SWEET POTATO - TANZANIA (12)	87,242	FUND TRANSFERS	0		
(15)			SUB-SAHARAN AFRICA	ORANGE-FLESHED SWEET POTATO - TANZANIA (12)	189,851	FUND TRANSFERS	0		
(16)			SUB-SAHARAN AFRICA	GLOBAL HEALTH CORPS NYC (13)	100,000	FUND TRANSFERS	0		

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

13

3 Enter total number of other organizations or entities

3

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Employer identification number**  
25-0965219

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |  |
|--|--|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events                       |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BARBARA A REED 5012 BLACK QUARTZ ROAD  LAS CRUCES, NM 88011	SEE SCHEDULE G, PART IV		No	0	32,161	0
2 LUANN ZANZOLA 809 DERBY COURSE  SAINT CHARLES, IL 601745707	SEE SCHEDULE G, PART IV		No	0	28,020	0
3 JAMIE HOPE HOLBROOK 1323 ALLESANDRO STREET  LOS ANGELES, CA 90026	SEE SCHEDULE G, PART IV		No	0	24,600	0
4 AMY LYNNE GOLDSTEIN 1 HICKORY CT  EAST LYME, CT 06333	SEE SCHEDULE G, PART IV		No	0	24,150	0
5 CAROLYN L CRABTREE 4443 AUDREE LN NE  BREMERTON, WA 98310	SEE SCHEDULE G, PART IV		No	0	23,975	0
6 SHARON L STEINHOFF 131 PERRY STREET APT 2B  NEW YORK, NY 10014	SEE SCHEDULE G, PART IV		No	0	20,680	0
7 DAWN A MORAN 10315 181ST AVE E  BONNEY LAKE, WA 98391	SEE SCHEDULE G, PART IV		No	0	16,935	0
8 SHEREE L VAN VREEDE 575 CHAMPIONSHIP DRIVE  VICTOR, NY 14564	SEE SCHEDULE G, PART IV		No	0	16,335	0
9 JESSICA E MALONEY 279 MAIN STREET  BOXFORD, MA 01921	SEE SCHEDULE G, PART IV		No	0	14,420	0
10 KONEKTID INTERNATIONAL 1031 33RD STREET  DENVER, CO 80205	SEE SCHEDULE G, PART IV		No	0	12,990	0
<b>Total</b>					214,266	

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

AK, AL, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, VA, WA, WV, WI

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities:  
 \_\_\_\_\_

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

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

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

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

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

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

**13** Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
PART 1, LINE 2B, COLUMN II - ACTIVITY OF FUNDRAISERS	PROVIDING TECHNICAL SUPPORT ON GRANT AND AWARD APPLICATIONS FUNDRAISING CONSISTS OF THE COSTS INCURRED TO RESPOND TO POTENTIAL CUSTOMERS' REQUESTS FOR PROPOSALS AND TO APPLY FOR GRANTS AND CONTRACTS THAT ADVANCE AIR'S MISSION. OCCASIONALLY AIR USES OUTSIDE CONSULTANTS TO PROVIDE TECHNICAL ASSISTANCE TOWARD THE FUNDRAISING ACTIVITIES. THE AMOUNT EXPENDED FOR FUNDRAISING VARIES ANNUALLY AND IS DIRECTLY BASED ON THE PROGRAMMATIC NEEDS OF THE AGENCY CUSTOMERS SERVED BY AIR'S MISSION. MOST AWARDS RESULTING FROM FUNDRAISING ACTIVITY WILL GENERATE REVENUE FOR MULTIPLE FUTURE YEARS.

**Schedule I  
(Form 990)**  
  
(Rev. January 2025)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

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

**Employer identification number**  
25-0965219

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE THEATRE 1280 PEACHTREE STREET NE ATLANTA,GA 30309	58-0633971	501 (C)(3)	8,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATION INSTITUTIONAL GIFT IN RECOGNITION OF GRANTEE'S EDUCATIONAL PROGRAMMING WHICH PROMOTES ECONOMIC AND SOCIAL-EMOTIONAL GROWTH THROUGH CLASSROOM ART INTEGRATION, STEAM PROGRAMING AND THEATER BASED INSTRUCTION
(2) AMERICAN SOCIETY ON AGING 548 MARKET STREET PMP 85589 SAN FRANCISCO,CA 94104	94-2292868	501 (C)(3)	8,500	0			HCBS EQUITY STAKEHOLDER 2-DAY VIRTUAL CONVENING
(3) AMERICAN UNIVERSITY 4400 MASSCHUSETTS AVENUE NW WASHINGTON,DC 20016	53-0196549	501 (C)(3)	149,342	0			FELLOWSHIP GRANT FOR ENVIRONMENTAL JUSTICE
(4) AUTISM RESEARCH INSTITUTE 4182 ADAMS AVENUE SAN DIEGO,CA 92116	95-2548452	501 (C)(3)	10,000	0			GENERAL SUPPORT
(5) AYUDA 1990 K STREET NW SUITE 500 WASHINGTON,DC 20006	52-0971400	501 (C)(3)	50,000	0			UNRESTRICTED GENERAL SUPPORT TO ADVANCE THE MISSION AND PROGRAMMING OF AYUDA INC.
(6) BENCHMARK ANALYTICS 1801 W WARNER AVE SUITE 301 CHICAGO,IL 60613	99-3331789	C CORP	50,000	0			BENCHMARK USER SUMMIT PLATINUM SPONSORSHIP
(7) BOYS & GIRLS CLUBS OF GREATER WASHINGTON 4103 BENNING ROAD NEW WASHINGTON,DC 20019	53-0236759	501 (C)(3)	9,500	0			DONATION FOR ALL IN CAMPAIGN AND SPONSORSHIP OF 2024 GREAT BIG KID EVENT
(8) BUILD INC 5100 WEST HARRISON ST CHICAGO,IL 60644	23-7022085	501 (C)(3)	53,500	0			UNRESTRICTED GENERAL SUPPORT TO ADVANCE THE MISSION AND PROGRAMMING OF BUILD INC.
(9) CENTER FOR POLICING EQUITY 1925 CENTURY PARK EAST SUITE 1700 LOS ANGELES,CA 90067	81-4945849	501 (C)(3)	604,405	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATION ENHANCE THE ORGANIZATIONS DATA INFRASTRUCTURE AND RESEARCH CAPACITY, AND TO SUPPORT INITIATIVES IN HARM REDUCTION, STRATEGIC PARTNERSHIPS, AND PUBLIC SAFETY REDESIGN, ALIGNED WITH ITS MISSION TO ADVANCE EQUITY AND JUSTICE
(10) CHILDREN'S DEFENSE FUND 840 FIRST ST NE SUITE 300 WASHINGTON,DC 20002	52-0895622	501 (C)(3)	158,600	0			SUPPORT CHILDREN DEFENSE FUND'S STAFF AND 8 YOUTH POLICY CONSULTANTS

(11) CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVENUE NW WASHINGTON,DC 20036	52-1160561	501 (C)(3)	30,000	0			SPONSORSHIP FOR 2024 PECO LEADERSHIP SUMMIT AND ALC PHOENIX AWARD DINNER
(12) DEVELOPMENT IN GARDENING 1270 CAROLINE ST NE SUITE D120-312 ATLANTA,GA 30307	20-4708212	501 (C)(3)	50,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONUNRESTRICTED GENERAL SUPPORT TO ADVANCE THE MISSION AND PROGRAMMING OF DEVELOPMENT IN GARDENING.
(13) FUNDERS TOGETHER TO END HOMELESSNESS 89 SOUTH STREET SUITE 603 BOSTON,MA 02111	27-3033048	501 (C)(3)	75,000	0			SUPPORT GRANTEE'S GRANT MAKING IN NATIVE NATIONS AND COMMUNITIES INITIATIVE
(14) GEORGETOWN UNIVERSITY 600 NEW JERSEY AVENUE NW WASHINGTON,DC 20001	53-0196603	501 (C)(3)	342,500	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONPROVIDE RESEARCH GRANT TO THE CENTER FOR INNOVATIONS IN COMMUNITY SAFETY OF THE GEORGETOWN LAW CENTER
(15) INTERSECTION COLLECTIVE 9938 WEXFORD WAY WEST CHESTER,OH 45241	93-2831896	501 (C)(3)	20,000	0			SUPPORT GRANTEES' EVIDENCE-BUILDING EFFORTS RELATED TO SPED C.A.N.!
(16) JUSTICE SYSTEM PARTNERS PO BOX 970 SOUTH EASTEN,MA 02375	46-5733688	501 (C)(3)	41,667	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONELEVATING YOUTH VOICES TO UNDERSTAND THE GAPS IN COORDINATION BETWEEN SCHOOL SERVICES AND COMMUNITY-BASED ORGANIZATIONS
(17) LAFAYETTE TOOL LIBRARY 1317 SURREY ST LAFAYETTE,LA 70501	93-1398270	501 (C)(3)	6,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONDONATION IN RECOGNITION OF STAFF VOLUNTEER WORK AND TOOL LIBRARY FOR FREE TOOLS FOR HOME, AUTO AND YARD MAINTENANCE
(18) LIV RECOVERY SOBER LIVING 719 STONEWOOD BEND DRIVE LAKE SAINT LOUIS,MO 63367	83-3200945	501 (C)(3)	95,000	0			MAKING WORKFORCE DEVELOPMENT WORK, FOR COMMUNITIES OF COLOR
(19) NAACP EMPOWERMENT PROGRAMS INC 4805 MOUNT HOPE DRIVE BALTIMORE,MD 21215	13-1084135	501 (C)(3)	40,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONSSUPPORT THE BROWN VS.BOARD OF EDUCATION 70TH ANNIVERSARY SYMPOSIUM AND RELATED RESEARCH BASED LEARNING EVENTS
(20) NEW AMERICA FOUNDATION 740 15TH STREET NW SUITE 900 WASHINGTON,DC 20005	52-2096845	501 (C)(3)	127,384	0			SCHOOL REDISTRICTING AS A TOOL FOR REDUCING SEGREGATION AND FUNDING INEQUALITY
(21) NORTH CAROLINA STATE UNIVERSITY 1010 MAIN CAMPUS DRIVE SUITE 300 RALEIGH,NC 27695	56-6000756	170 C(1), 115(A)	161,172	0			STRENGTHENING DESEGREGATION AND INTEGARATION IN TWO-WAY IMMERSION PROGRAMS
(22) NORTH LAWNSDALE EMPLOYMENT NETWORK 1111 S HOMAN AVE CHICAGO,IL 60624	36-4295189	501 (C)(3)	100,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONGRANT TO EMBARK ON A TRANFORMATIVE JOURNEY TO SIGNIFICANTLY REDUCE UNEMPLOYMENT IN NORTH LAWNSDALE
(23) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON,MA 02115	04-1679980	501 (C)(3)	100,000	0			BUILDING A MORE HOLISTIC AND INCLUSIVE WORKFORCE DEVELOPMENT SYSTEM FOR BOSTON'S YOUTH
(24) POVERTY AND RACE RESEARCH ACTION COUNCIL	52-1705073	501 (C)(3)	176,426	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONSSUPPORT FOR

740 15TH STREET NW 3RD FLOOR WASHINGTON,DC 20005							THE DEVELOPMENT OF A RESEARCH-BASED FRAMEWORK FOR SCHOOL INTEGRATION AND IMPROVED K-12 STUDENT EXPERIENCES IN HOSUSING MOBILITY PROGRAMS
(25) SOCIETY FOR RESEARCH ON EDUCATIONAL EFFECTIVENESS(SREE) 6003 EXECUTIVE BLVD ROCKVILLE,MD 20852	26-4739791	501 (C)(3)	64,141	0			CONFERENCE SPONSORSHIP AND OFFICE SUPPORT FOR FACILITY
(26) THE ASPEN INSTITUTE INC 2300 N STREET NW WASHINGTON,DC 20037	84-0399006	501 (C)(3)	750,000	0			SUPPORT GRANTEE'S FELLOWSHIP PROGRAM
(27) THE CAMPBELL COLLABORATION 7244 CASTOR AVENUE PMP 5068 PHILADELPHIA,PA 19149	23-3066027	501 (C)(3)	250,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONGENERAL SUPPORT FOR FURTHERENCE OF GRANTEE'S MISSION OF PROMOTING A POSTIVE SOCIAL AND ECONOMIC CHANGE THRU THE PRODUCTION AND USE OF SYSTEMATIC REVIEWS AND OTHER EVIDENCE SYNTHESIS OR EVIDENCE BASED POLICY AND PRACTICE.
(28) THE CENTURY FOUNDATION ONE WHITEHALL ST 15TH FL NEW YORK,NY 10004	13-1624235	501 (C)(3)	100,000	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONSSUPPORT BROWN V. BOARD AT 70: FULFILLING THE TRUE PROMISE OF SCHOOL INTEGRATION SYMPOSIUM AND RELATED RESEARCH-BASED LEARNING EVENTS
(29) THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION 1201 16TH STREET NW WASHINGTON,DC 20036	23-7035089	501 (C)(3)	112,500	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONGENERAL SUPPORT GRANT FOR THE FOUNDATION'S COMMUNITY SCHOOLS INITIATIVE IN THE AMERICAN DEEP SOUTH
(30) THE URBAN INSTITUTE 500 LENFANT PLAZA SW WASHINGTON,DC 20024	52-0880375	501 (C)(3)	187,712	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONSSUPPORT NEW OR REINVIGORATED TOOLS AND STRATEGIES TO FOSTER SCHOOL INTEGRATION AND EDUCATIONAL EQUITY IN PRE-K PUBLIC SCHOOLS
(31) THINKLIVE INC 2756 SILVERHILL TERRACE SE ATLANTA,GA 30316	20-5049002	S-CORP	172,360	0			SEE SCHEDULE I, SUPPLEMENTAL INFORMATIONSSUPPORT FOR THE IMPLEMENTATION AND OPERATION SUPPORT OF "TLIVE EDTECH PLATFORM EFFICACY FOR YOUTH'S COPING AND FLOWING WITH STEM "
(32) UNIV OF MINNESOTA 450 MCNAMARA ALUMNI CENTER 200 OAK STREET SE MINNEAPOLIS,MN 55455	41-6007513	170 C(1)	50,000	0			SUPPORT PROFESSOR MYRON ORFIELD'S "DEMONSTRATING HARMS OF K-12 SEGREGATION IN MINNESOTA
(33) UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET SUITE 8000 ANN ARBOR,MI 48109	38-6006309	501 (C)(3)	10,000	0			DONATION TO BENEFIT THE PROGRAM OF INTERGROUP RELATIONS OF UNIVERSITY OF MICHIGAN
(34) VANDERBILT UNIVERSITY 124 MAGNOLIA CIR 106A PAYNE HALL NASHVILLE,TN 37203	62-0476822	501 (C)(3)	39,968	0			SUPPORT RESEARCH-PRACTICE PARTNERSHIPS AND RACIAL EQUITY IN SCHOOL DISCIPLINE

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

33

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

2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) AIR SCHOLARS RETAINER	4	200,000	0		
(2) AIR INSTITUTE FELLOW	3	136,000	0		
(3) DISSERTATION GRANT (FELLOWSHIP)	6	62,500	0		
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANT AWARDS OF \$5,000 OR LESS IN THE AGGREGATE 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 TO MISSION-BASED ORGANIZATIONS, ANNUALLY. 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, GRANTEEES ARE REQUIRED TO PROVIDE PERIODIC AND FINAL PROGRESS REPORTS RELATED TO THE GRANT ACTIVITIES AND ACHIEVEMENTS.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

# Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Employer identification number**  
  
25-0965219

## Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|---|--|

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee |
|--|---|

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .  
If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .  
If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> DAVID MYERS CEO (END 02/24)/ BD & CMTE MEMBER	(i)	103,193	749,000	782,173	7,088	6,205	1,647,659	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> JESSICA HEPPEN PRESIDENT (ALL OF 2024) & CEO (AS OF 03/24)	(i)	668,173	276,150	8,783	24,061	16,447	993,614	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> MARIJO AHLGRIMM TREAS EXEC VP & CFO (END 07/24), SEE SCH J	(i)	276,184	204,188	433,992	19,343	2,359	936,066	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> DONA KILPATRICK SEC., GENERAL COUNSEL (END 07/24)	(i)	165,202	0	219,942	336,126	30,438	751,708	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> LAWRENCE B TRAPUZZANO VP, PROGRAM FINANCE (END 12/24)	(i)	280,809	41,910	199,274	20,113	27,782	569,888	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> JULIE R KOCHANEK SR VP, HUMAN SERVICES	(i)	334,679	81,250	6,940	21,361	45,354	489,584	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> LAWRENCE B FRIEDMAN VP, HUMAN SERVICES DIVISION	(i)	71,605	45,000	320,923	5,250	39,657	482,435	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> MICHAEL GARET VP & INSTITUTE FELLOW	(i)	378,310	12,500	50,316	21,608	15,611	478,345	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> CATHERINE E LIVINGSTON SEC., CHIEF LEGAL OFFC (AS OF 02/24)	(i)	338,483	75,000	2,935	22,983	38,815	478,216	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> MAKINI NYANTEH CCO AND SR VP - COMMUNICATIONS	(i)	330,004	99,000	1,794	16,968	26,869	474,635	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> TIMOTHY B HILL SR VICE PRESIDENT, HEALTH DIVISON	(i)	329,487	55,781	63,354	21,582	4,361	474,565	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> DAVID S SEIDENFELD SR VP, INTERNATIONAL DIVISION	(i)	345,223	85,525	1,170	20,346	15,299	467,563	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> PAMELA KEEFE TREAS., SR VP & CFO (AS OF 04/24)	(i)	298,459	50,000	102,376	3,719	10,355	464,909	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> LESLEY A SEPANLOO SR VP, HUMAN RES & WORKPLACE MGMT	(i)	309,380	93,000	780	22,315	37,876	463,351	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> MAI HUBBARD VP, HEALTH	(i)	267,658	61,875	70,780	18,127	35,016	453,456	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> DONALD LINDSEY CHIEF INVESTMENT OFFICER	(i)	346,544	4,132	20,400	24,150	24,697	419,923	0
	(ii)	0	0	0	0	0	0	0
<b>17</b> JOSEPH WAGNER VP, CONTRACTS, GRANTS & PROCUREMENT	(i)	288,187	35,325	14,065	20,203	4,617	362,397	0
	(ii)	0	0	0	0	0	0	0
<b>18</b> DAVID BAKER SR VP, HEALTH DIVISION (END 09/23)	(i)	0	0	269,246	0	23,407	292,653	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	AIR AUTHORIZES THE USE OF FIRST-CLASS TRAVEL FOR BUSINESS WHEN APPROVED IN ADVANCE AND ONE OF THE FOLLOWING APPLIES: - FLIGHT DURATION EXCEEDS 12 HOURS, INCLUSIVE OF THE TIME SPENT ON THE GROUND BETWEEN CONNECTING FLIGHTS - A MEDICAL PURPOSE IS SUPPORTED BY A PHYSICIAN'S NOTE - OR AS DETERMINED ON AN INDIVIDUAL BASIS BY THE LEADER OF THE APPLICABLE BUSINESS UNIT AND/OR THE CHIEF FINANCIAL OFFICER. NO PORTION OF FIRST-CLASS TRAVEL IS COUNTED AS COMPENSATION. FOUR OF THE LISTED PERSONS ON SCHEDULE J FLEW FIRST CLASS IN 2024 WHILE TRAVELING INTERNATIONALLY.
PART I, LINES 4A-B	CERTAIN ELIGIBLE SENIOR EXECUTIVES PARTICIPATE IN A NON-QUALIFIED COMPENSATION PLAN PURSUANT TO ADVANCE APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD. THE PLAN PROVIDES THE PARTICIPANTS WITH THE ABILITY TO EARN THE EQUIVALENT OF THE ANNUAL RETIREMENT CONTRIBUTION THAT WOULD HAVE BEEN RECEIVED HAD THEIR PARTICIPATION IN AIR'S DEFINED CONTRIBUTION PLAN NOT BEEN STATUTORILY LIMITED. CERTAIN CONTRIBUTIONS TO THE NON-QUALIFIED COMPENSATION PLAN ARE SUBJECT TO VESTING PROVISIONS THAT ALSO SERVE TO DEFER PAYMENT AND INCENT THE EXECUTIVES' RETENTION.
PART I, LINE 7	IN ADDITION TO BASE SALARY, AIR ADMINISTERS A BONUS PLAN, APPROVED ANNUALLY BY THE INDEPENDENT BOARD OF DIRECTORS, THAT USES VARIABLE COMPENSATION TO RECOGNIZE NON-OFFICER AND OFFICER EMPLOYEES FOR EXCEPTIONAL CONTRIBUTION TO OVERALL ORGANIZATIONAL PERFORMANCE. THE BONUS PLAN FOR CERTAIN OFFICER AND KEY EMPLOYEE ROLES IS BASED ON PERFORMANCE AS MEASURED AGAINST PREVIOUSLY ESTABLISHED GOALS. ALL EMPLOYEES ARE ALSO ELIGIBLE TO EARN VARIABLE COMPENSATION. INDEPENDENT DIRECTORS OF THE BOARD DO NOT PARTICIPATE IN BONUS OR INCENTIVE PLANS.
PART II, COLUMN B, C & D:	ADDITIONAL INFORMATION ABOUT COMPENSATION REPORTED IN COLUMN B(III) INCLUDES THE FOLLOWING: SCHEDULE J, PART I, LINE 4A REFLECTS THE FOLLOWING: SEPARATION PAYMENTS IN 2024 OF \$124,694 FOR DONA KILPATRICK, \$269,246 FOR DAVID BAKER AND \$225,000 FOR LAWRENCE FRIEDMAN. CASH LEAVE PAYMENTS IN 2024 OF \$144,176 FOR DAVID MYERS, \$110,053 FOR MARIJO AHLGRIMM, \$52,829 FOR DONA KILPATRICK, \$70,332 FOR LAWRENCE TRAPUZZANO AND \$53,272 FOR LAWRENCE FRIEDMAN. RETIREMENT TRANSITION BENEFIT PAYMENTS IN 2024 WERE AS FOLLOWS: \$42,900 MARIJO AHLGRIMM, \$6,989 JESSICA HEPPEN, \$39,415 DONA KILPATRICK, \$42,900 DAVID MYERS, \$3,586 JULIE R. KOCHANNEK, \$8,917 JOSEPH WAGNER, \$10,494 DONALD LINDSEY, \$37,036 LAWRENCE TRAPUZZANO, \$42,900 MICHAEL GARET, \$39,932 LAWRENCE FRIEDMAN. RELOCATION PAYMENT IN 2024 OF \$100,000 FOR PAMELA KEEFE AND OTHER TAXABLE BENEFITS IN 2024 OF \$2,814 FOR DAVID MYERS. SCHEDULE J, PART I, LINE 4B REFLECTS THE FOLLOWING: \$513,521 TO DAVID MYERS, \$278,036 TO MARIJO AHLGRIMM, \$60,000 TO TIMOTHY HILL, \$82,000 TO LAWRENCE TRAPUZZANO, AND \$70,000 TO MAI HUBBARD MADE PURSUANT TO FULLY VESTED TERMS OF APPLICABLE EMPLOYMENT AGREEMENTS. SCHEDULE J, PART II, COL C INCLUDES THE FOLLOWING: ACCRUED SEPARATION PAY AS OF DECEMBER 31, 2024 FOR DONA KILPATRICK TO BE PAID IN EQUAL BIMONTHLY INSTALLMENTS THROUGH JANUARY 2026. FORM 990, PART VII & SCHEDULE J - EXPANDED TITLES AND TRANSITIONS MARIJO AHLGRIMM TREASURER, EXECUTIVE VP & CFO (END 04/24), EXECUTIVE ADVISOR (AS OF 04/24, END 07/24)

## **Additional Data**

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**Schedule L**  
**(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
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**Transactions with Interested Persons**

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
**Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Employer identification number**  
25-0965219

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_  
**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CRAIG REED	SEE PART V - FAMILY MEMBER OF JULIE KOCHANEK, KEY EMPLOYEE	192,622	SEE PART V - SERVICES: CRAIG REED HAS A 49% OWNERSHIP INTEREST IN RESEARCH FIRM TRAC MEDIA, WHICH IS A SUBCONTRACTOR TO AIR ON SOME PROJECTS.		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O****(Form 990)**

(Rev. January 2025)  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

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

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25-0965219

Return Reference	Explanation
FORM 990, PART I, LINE 1 - MISSION	AIR GENERATES EVIDENCE AND APPLIES DATA-DRIVEN SOLUTIONS THAT EXPAND OPPORTUNITY AND IMPROVE LIVES FOR ALL.
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS COMPRISED OF THE BOARD CHAIR AND THE CHAIRS OF THE AUDIT, AIR OPPORTUNITY FUND, FINANCE, GOVERNANCE, HUMAN RESOURCES/COMPENSATION, INVESTMENT, AND MERGERS AND ACQUISITIONS COMMITTEES. THE CHIEF EXECUTIVE OFFICER IS ALSO ON THE COMMITTEE. THE EXECUTIVE COMMITTEE IS COMMISSIONED WITH EXERCISING THE POWERS AND AUTHORITY OF THE FULL BOARD WHEN THE FULL BOARD IS NOT IN SESSION AND WHEN IT IS NOT PRACTICAL OR POSSIBLE FOR THE FULL BOARD TO CONVENE A MEETING. A QUORUM IS DEFINED AS FOUR (4) MEMBERS OF THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION A, LINE 4	DURING 2024, THE ARTICLES OF INCORPORATION WERE AMENDED TO UPDATE THE REGISTERED OFFICE, REFERENCES TO PENNSYLVANIA LAW AND CHARITABLE ACTIVITIES.
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, THE CHIEF LEGAL OFFICER AND THE SVP OF HUMAN RESOURCES PRIOR TO BEING PROVIDED FOR REVIEW TO THE CEO/PRESIDENT AND MEMBERS OF THE AUDIT AND COMPENSATION COMMITTEES. 3. THE FORM 990 IS REVIEWED BY THE AUDIT AND HUMAN RESOURCES & COMPENSATION COMMITTEES OF THE BOARD OF DIRECTORS AND MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, AIR REQUIRES THE MEMBERS OF ITS BOARD OF DIRECTORS, OFFICERS, EXECUTIVES, AND ALL OTHER AIR EMPLOYEES TO COMPLETE A CONFLICT-OF-INTEREST QUESTIONNAIRE AND DISCLOSURE FORM. THE FORM DISCLOSES INFORMATION ON INTERESTS THAT MAY POSE AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST WITH RESPECT TO AIR. THE DISCLOSURES ARE REVIEWED BY THE LEGAL OFFICE AND THE ETHICS OFFICER. ALL EMPLOYEES ARE REQUIRED TO TAKE ANNUAL TRAINING ON CONFLICT OF INTEREST. EMPLOYEES ARE REQUIRED TO DISCLOSE AND RECEIVE APPROVAL FOR OUTSIDE BUSINESS ACTIVITIES. BOARD COMMITTEES RECEIVE REPORTING AND PROVIDE REGULAR OVERSIGHT OF RELATED PARTY TRANSACTIONS. IN ACCORDANCE WITH AIR POLICY, WHEN THE BOARD ENCOUNTERS A MATTER ABOUT WHICH A BOARD MEMBER HAS A CONFLICT OF INTEREST, THAT BOARD MEMBER MUST RECUSE HIMSELF OR HERSELF FROM DELIBERATIONS AND DECISIONS ON THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR AIR'S OFFICERS, EXECUTIVES AND KEY EMPLOYEES ("EXECUTIVE COMPENSATION") IS REVIEWED AND APPROVED BY THE AIR BOARD OF DIRECTORS ON AN ANNUAL BASIS. AIR'S PRESIDENT AND CEO, WHO SERVES EX OFFICIO ON THE AIR BOARD, IS RECUSED AND NOT PRESENT FOR DISCUSSION AND APPROVAL OF EXECUTIVE COMPENSATION. ANNUALLY, THE HUMAN RESOURCES AND COMPENSATION COMMITTEE (WHICH IS COMPOSED ENTIRELY OF INDEPENDENT DIRECTORS) OF THE AIR BOARD ENGAGES AN INDEPENDENT CONSULTANT TO PERFORM COMPARABILITY REVIEWS OF EXECUTIVE COMPENSATION USING EXTERNALLY PUBLISHED DATA AND COMPENSATION SURVEYS. A WRITTEN REPORT OF THIS INFORMATION PROVIDED BY THE COMPENSATION CONSULTANT IS CONSIDERED BY THE COMMITTEE AND THE BOARD IN DETERMINING COMPENSATION FOR THESE INDIVIDUALS.
FORM 990, PART VI, SECTION C, LINE 19	AIR HAS MADE A PUBLIC FILING OF ITS GOVERNING DOCUMENTS WITH THE COMMONWEALTH OF PENNSYLVANIA. AIR MAKES AUDITED FINANCIAL STATEMENTS AND ITS CONFLICT-OF-INTEREST POLICY AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	SUBCONTRACTS: PROGRAM SERVICE EXPENSES 48,511,206. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 48,511,206. CONSULTANTS: PROGRAM SERVICE EXPENSES 11,926,322. MANAGEMENT AND GENERAL EXPENSES 960,114. FUNDRAISING EXPENSES 142,609. TOTAL EXPENSES 13,029,045. HONORARIA: PROGRAM SERVICE EXPENSES 2,963,084. MANAGEMENT AND GENERAL EXPENSES 844,975. FUNDRAISING EXPENSES 1,863. TOTAL EXPENSES 3,809,922. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 994,107. MANAGEMENT AND GENERAL EXPENSES 364,928. FUNDRAISING EXPENSES 59,926. TOTAL EXPENSES 1,418,961. RECRUITING ADS AND AGENCY FEES: PROGRAM SERVICE EXPENSES 319,854. MANAGEMENT AND GENERAL EXPENSES 68,745. FUNDRAISING EXPENSES 23,515. TOTAL EXPENSES 412,114. TRANSLATORS AND INTERPRETERS: PROGRAM SERVICE EXPENSES 143,469. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 143,469. MEDIA BUYS: PROGRAM SERVICE EXPENSES 7,469. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,469.
FORM 990, PART XI, LINE 9:	DEFERRED TAX BENEFIT 668,671.

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**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
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**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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AMERICAN INSTITUTES FOR RESEARCH IN THE  
BEHAVIORAL SCIENCES

**Employer identification number**

25-0965219

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> IMPAQ INTERNATIONAL LLC 1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 52-2273877	SEE SCHEDULE R, PART VII	MD	0	4,753,499	AIR
<b>(2)</b> IMPAQ LLC 1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 36-4866143	SEE SCHEDULE R, PART VII	MD	0	0	AIR

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> AIR INTERNATIONAL 1400 CRYSTAL DRIVE 10TH FLOOR ARLINGTON, VA 22202 75-3046958	SEE SCHEDULE R, PART VII	DC	501(C)(3)	LINE 7	AIR	Yes	
<b>(2)</b> AIR EUROPE 1400 CRYSTAL DRIVE 10TH FLOOR ARLINGTON, VA 22202	SEE SCHEDULE R, PART VII	GM			AIR	Yes	
<b>(3)</b> AMERICAN INSTITUTES FOR RESEARCH (ZAMBIA) LIMITED 1400 CRYSTAL DRIVE 10TH FLOOR ARLINGTON, VA 22202	SEE SCHEDULE R, PART VII	ZA			AIR	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> AIR HOLDING COMPANY 1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 52-2205344	SEE SCHEDULE R, PART VII	DE	AMERICAN INSTITUTES FOR RESEARCH	C	249,043	487,497	100.000 %	Yes	
<b>(2)</b> GROWTH TRANSITIONS INC TA MAHER&MAHER 1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 22-3412300	SEE SCHEDULE R, PART VII	NJ	AMERICAN INSTITUTES FOR RESEARCH	C			100.000 %	Yes	
<b>(3)</b> KIMETRICA LLC 1400 CRYSTAL DRIVE 10TH FL ARLINGTON, VA 22202 20-5000444	SEE SCHEDULE R, PART VII	DE	AMERICAN INSTITUTES FOR RESEARCH	C		16,394,671	100.000 %	Yes	
<b>(4)</b> AMERICAN INSTITUTES FOR RESEARCH MEXICO S DE RL DE CV INSURGENTES SUR 1431 PISO 10 OFICI COLONIA INSURGENTES MIXCOAC, ALCALDIA BENITO J 03920 MX	SEE SCHEDULE R, PART VII	MX	AMERICAN INSTITUTES FOR RESEARCH	C		1,839,457	99.700 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AIR INTERNATIONAL	R	423,341	ACTUAL COSTS INCURRED
(2) AIR HOLDING COMPANY	R	653,995	ACTUAL COSTS INCURRED
(3) AIR MEXICO	R	5,742,634	ACTUAL COSTS INCURRED



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART I, COLUMN B:	IMPAQ INTERNATIONAL LLC - A GLOBAL POLICY RESEARCH, ANALYTICS, AND IMPLEMENTATION ORGANIZATION WITH PRESENCE IN THE HEALTH AND WORKFORCE SECTORS WAS ACQUIRED BY AIR IN MAY 2020. AIR IS THE SOLE MEMBER OF IMPAQ INTERNATIONAL LLC. IMPAQ LLC - A GLOBAL POLICY RESEARCH, ANALYTICS, AND IMPLEMENTATION ORGANIZATION WITH PRESENCE IN THE HEALTH AND WORKFORCE SECTORS WAS ACQUIRED BY AIR IN MAY 2020. AIR IS THE SOLE MEMBER OF IMPAQ LLC.
PART II, COLUMN B:	AIR INTERNATIONAL PROVIDES RESEARCH, EVALUATION, AND TECHNICAL ASSISTANCE IN INTERNATIONAL SETTINGS. A.I.R. EUROPE WAS A NON-PROFIT ORGANIZED PURSUANT TO APPLICABLE PROVISIONS OF GERMANY FOR THE PURPOSE OF PURSUING OPPORTUNITIES FOR INTERNATIONAL DEVELOPMENT AND RESEARCH/EVALUATION ACTIVITIES WITH INTERNATIONAL SOVEREIGN GOVERNMENTS OR NON-PROFIT FUNDERS. AIR WAS THE SOLE MEMBER. THE ORGANIZATION WAS DISSOLVED IN 2024. AIR ZAMBIA PROVIDES RESEARCH, EVALUATION AND TECHNICAL ASSISTANCE IN ZAMBIA. AIR IS THE SOLE MEMBER. THE COMPANY IS CURRENTLY INACTIVE.
PART IV, COLUMN B:	AIR HOLDING COMPANY - A GLOBAL POLICY RESEARCH, ANALYTICS, AND IMPLEMENTATION ORGANIZATION WITH STRONG PRESENCE IN THE HEALTH AND WORKFORCE SECTORS. GROWTH TRANSITIONS INC. DBA MAHER & MAHER - A GLOBAL POLICY RESEARCH, ANALYTICS, AND IMPLEMENTATION ORGANIZATION WITH STRONG PRESENCE IN THE HEALTH AND WORKFORCE SECTORS ACQUIRED BY AIR IN MAY 2020. ALL CONTRACTS WERE NOVATED TO AIR EFFECTIVE JANUARY 1, 2022. THE COMPANY WAS DISSOLVED IN 2024 KIMETRICA LLC WAS ACQUIRED BY AIR IN NOVEMBER 2020 AND PROVIDES RESEARCH, EVALUATION, AND TECHNICAL ASSISTANCE IN INTERNATIONAL SETTINGS. ALL CONTRACTS WERE NOVATED TO AIR EFFECTIVE JANUARY 1, 2022. AIR MEXICO PROVIDES RESEARCH, EVALUATION, AND TECHNICAL ASSISTANCE IN MEXICO. AIR AND AIR INTERNATIONAL ARE THE SOLE MEMBERS.

Schedule R (Form 990) (Rev. 1-2025)

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