				NOVEMBER 15	•		
	Ω	00	Return of Organizat	tion Exempt I	From In	ncome Tax	OMB No. 1545-0047
Forr	n H	90	Under section 501(c), 527, or 4947(a)(1)	of the Internal Revenue	e Code (exc	ept private foundation	s) 2021
Depa	rtmont	of the Treasury	Do not enter social security	numbers on this form	as it may b	e made public.	Open to Public
Interr	al Reve	enue Service	Go to www.irs.gov/Forms	990 for instructions and	d the latest	information.	Inspection
<u>A</u> F	or th		ar year, or tax year beginning	and	ending		
	heck if				_	D Employer identific	ation number
_	Addre	ASSO	CIATION FOR RESEARCH C				
	_chang Name		NIZATIONS & VOLUNTARY	ACTION			1
	_chang Initial		usiness as		D ())	23-737802	<u>. 1</u>
H	_returr]Final		and street (or P.O. box if mail is not delivered t W. 42ND ST.	o street address)	Room/suite	E Telephone number 317-684-2	2120
	lreturr termi	0		foreign nootal anda			750,249.
	ated Amer	ided TNTT	own, state or province, country, and ZIP or ANAPOLIS , IN 46208	loreign postal code		G Gross receipts \$ H(a) Is this a group ref	
	_returr Appli tion		nd address of principal officer: LYNNET	LE COOR		for subordinates?	
L	pend		AS C ABOVE			H(b) Are all subordinates inc	
<u> </u>	ax-ex	empt status:		sert no.) 4947(a)(1)	or 527		ist. See instructions
			ARNOVA.ORG	(u)(v)		H(c) Group exemption	
			X Corporation Trust Association	on 🗌 Other 🕨	L Year		State of legal domicile: DC
	art I	Summary					
-	1	Briefly describ	e the organization's mission or most signific	cant activities: ASSO	CIATIO	N FOR RESEAR	CH ON
Governance		NONPROF	IT ORGANIZATIONS & VOI	UNTARY ACTIC	ON (ARN	IOVA) IS A LE	EADING
erna	2	Check this bo	x 🕨 📃 if the organization discontinued	d its operations or dispo	sed of more	than 25% of its net asse	
ove	3		ing members of the governing body (Part V	, , , , , , , , , , , , , , , , , , , ,			15
	4		ependent voting members of the governing				15
ies	5		of individuals employed in calendar year 20				0
Activities &	6		of volunteers (estimate if necessary)				122
Act			d business revenue from Part VIII, column (0.
	D	Net unrelated	business taxable income from Form 990-T,	Part I, line 11	·····		
	8	Contributions	and grants (Part VIII, line 1h)			Prior Year 367,319.	Current Year 340,764.
anı	9		ce revenue (Part VIII, line 2g)			182,170.	209,137.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7			14,279.	12,841.
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			220,987.	187,507.
	12		- add lines 8 through 11 (must equal Part V			784,755.	750,249.
	13		nilar amounts paid (Part IX, column (A), line			0.	276,885.
	14	Benefits paid	to or for members (Part IX, column (A), line			0.	0.
Ś	15	Salaries, other	compensation, employee benefits (Part IX,	column (A), lines 5-10)		419,284.	227,857.
Expenses	16a	Professional for	compensation, employee benefits (Part IX, undraising fees (Part IX, column (A), line 116 ng expenses (Part IX, column (D), line 25)			0.	0.
x pe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	▶ 30,0	39.		
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24	le)		343,073.	857,185.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, colu	mn (A), line 25)		762,357.	1,361,927.
	19	Revenue less	expenses. Subtract line 18 from line 12			22,398.	-611,678.
t Assets or d Balances					Be	ginning of Current Year	End of Year
sset	20	Total assets (F				1,904,554.	1,630,610.
Net A	21					235,364.	378,634.
	22 art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	·		1,669,190.	1,251,976.
			l declare that I have examined this return, includi	a accompanying cohedula	e and etatoma	inter and to the bast of mu	knowledge and balief it is
			Declaration of preparer (other than officer) is ba				הווטשובעטב מווע טבוובו, וג וצ
<u>uu</u> e,	00110				mon preparei	המש מווץ הווטשופטעוב.	
Sig	n	Signature	e of officer			Date	
Her		, -	ETTE COOK, EXECUTIVE I	IRECTOR			

	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	NATOSHA CARR		11/09/22 ^{if} self-employed P01225377
Preparer	Firm's name 🕨 CLARK, SCHAEFER,	HACKETT & CO.	Firm's EIN ▶ 31-0800053
Use Only	Firm's address 4449 EASTON WAY,	SUITE 400	
	COLUMBUS, OH 432	19	Phone no. 614-885-2208
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2021)

001	12-09-21	LHA For Pape	rwo	rk Redu	uction Act Notice, see the	e separate instr	uctions.	
	SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

Form 990 (2021)

	ASSOCIATION FOR RESEARCH ON NON-PROFIT		
	990 (2021) ORGANIZATIONS & VOLUNTARY ACTION	23-7378021	Page 2
Par	t III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[A]
	ASSOCIATION FOR RESEARCH ON NONPROFIT ORGANIZATIONS & V(OLUNTARY ACTI	ON
	(ARNOVA) IS A LEADING INTERDISCIPLINARY COMMUNITY OF PEO		
	TO FOSTERING THROUGH RESEARCH AND EDUCATION THE CREATION	N, APPLICATIO	N,
	AND DISSEMINATION OF KNOWLEDGE ON NONPROFIT ORGANIZATION	NS,	
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	X No
-	If "Yes," describe these new services on Schedule O.		v .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,136,072. including grants of \$276,885.) (Rev	enue \$ 227,	761.)
	WE BRING TOGETHER BOTH THEORETICAL AND APPLIED INTEREST;		
	SCHOLARS GAIN INSIGHT INTO THE DAY-TO-DAY CONCERNS OF TI		0110
	ORGANIZATIONS, WHILE PROVIDING NONPROFIT PROFESSIONALS IN TO RESEARCH THEY CAN SEE TO IMPROVE THE WORK OF THEIR OF		
	THE QUALITY OF LIFE FOR CITIZENS AND COMMITTEES. PRINCI		
	INCLUDE AN ANNUAL CONFERENCE, PUBLICATIONS, ELECTRONIC		
	SPECIAL INTEREST GROUPS.		
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
_			
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,136,072.		00
		Form 9	90 (2021)
132002	12-09-21		

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23-7378021 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2021)
132003	12-09-21	⊢orm	330	2021)

4

132003 12-09-21

Form 990 (2021)

Part IV Checklist of Required Schedules

	990 (2021) ORGANIZATIONS & VOLUNTARY ACTION 23-7378	021	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
25 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021
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ASSOCIATION FOR RESEARCH ON NON-PROFIT

23-7378021 _Р	age 5
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Form	990 (2021) ORGANIZATIONS & VOLUNTARY ACTION 23-7378	021	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders N/A 11a Gross income from other sources. (Do not net amounts due or paid to other sources against Image: Comparison of the sources against Image: Comparison of the sources against	-		
, D				
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year M/A .	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	<u>Гатт</u>	900	(2021)
132005	j 12-09-21 D	Form	530	12021)

23-7378021 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			L	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	olders, or	Γ			
	persons other than the governing body?			L	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		e following:				
а	The governing body?	-	_	[8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Γ	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			Γ			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			0000,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		s, affiliates,	Γ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the for	m?	11a	Х	
b	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				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">			····· F			
	on Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?			····· F	13	Х	
14	Did the organization have a written document retention and destruction policy?			····· F	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva			····· F			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	, i				
а	The organization's CEO, Executive Director, or top management official			[15a	Х	
	Other officers or key employees of the organization				15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····· F			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	/ith a				
	taxable entity during the year?			F	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			F	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990)-T (section 501	1(c)(3)s (only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		x x	()()	,,		
	X Own website Another's website X Upon request Other (explain	n on Si	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	cy, and t	inanc	ial	
-	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 boo	oks an	d records				
-	LYNNETTE COOK, EXECUTIVE DIRECTOR - 317-684-2120		· · · · · · · · ·				
	1100 W. 42ND ST., INDIANAPOLIS, IN 46208						
132006	12-09-21				Form	990	(2021)
_ ,	7						、)
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Form 990 (2021)

ASSOCIATION	FOR	RESEARCH	ON	NON-PROFIT
ORGANIZATION	IS &	VOLUNTARY	A AC	CTION

23-7378021 Page 7

1 01111 0 0 0 1						-
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and	d Independe	ent Contra	ctors		

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.

Form 990 (2021)

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, 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, and 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. Т

(A) Name and title	(B) Average hours per	box	not c , unles	Pos heck ss per	more rson i	than o s both	ı an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated solution	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LYNNETTE COOK	40.00							100 247	0	0
EXECUTIVE DIRECTOR				Х				109,347.	0.	0.
(2) ANGELA EIKENBERRY	5.00									0
PAST PRESIDENT		X		X				0.	0.	0.
(3) PIER ROGERS	5.00							•		•
PRESIDENT		х		X				0.	0.	0.
(4) MARGARET SLOAN	4.00									<u>^</u>
TREASURER	2.00	х		X				0.	0.	0.
(5) RENE BEKKERS	3.00									<u>^</u>
SECRETARY		X		X				0.	0.	0.
(6) BRENDA BUSHOUSE	2.00									0
DIRECTOR		Х						0.	0.	0.
(7) CRISTINA BALBOA	2.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(8) CURTIS CHILD	2.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(9) ESI ANSAH	2.00							•		•
DIRECTOR		Х						0.	0.	0.
(10) HELEN LIU	2.00									•
DIRECTOR	2.00	X						0.	0.	0.
(11) JASMINE MCGINNIS JOHNSON	2.00								•	0
DIRECTOR	2 00	Х						0.	0.	0.
(12) KHALDOUN ABOUASSI	2.00	v							0	0
DIRECTOR	2.00	Х				-		0.	0.	0.
(13) LINDSEY MCDOUGLE	2.00	v							0	0
DIRECTOR		Х				-		0.	0.	0.
(14) MARY KAY GUGERTY	2.00	v							0.	0
DIRECTOR	2 00	Х						0.	0.	0.
(15) MIRAE KIM	2.00	x						0.	0.	0
DIRECTOR (16) SHENA ASHLEY	2.00	^			-			0.	0.	0.
DIRECTOR	2.00	x						0.	0.	•
DIVECTOR		^			-	-		U •	0.	0.
	1	I		I	I	L	l			Farm 990 (0001)

132007 12-09-21

Form 990 (2021)

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ASSOCIATION FOR	RESEARCH	ON NON-PROFIT
ORGANIZATIONS &	VOLUNTARY	ACTION

23-7378021 Page 8	23-7378021	Page 8
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	990 (2021) ORGANIZAT	IONS &	VO	LU	NT	AR	Y.	AC	TION	23-737	3021	Page 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	hes	t C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	Institutional trustee	ieck r s per	nore t son is rector	than o s both	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	am comp fro orga	(F) timated nount of other pensation om the anization d related
		below line)	Individual	Institutior	Officer	Key employee	Highest co employee	Former			orga	anizations
											_	
	2.11.11								109,347.	0		0.
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 109,347.	0 0 0	•	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	listec	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	T	1 Yes No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual									3	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	te S	Sche	dule	J f	or such individual		4	X
<u> </u>	rendered to the organization? If "Yes," com										5	X
<u> </u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	lepei	nden	t co	ontra	ctor	s th	nat received more than \$	100,000 of compens	ation fro	
	the organization. Report compensation for t (A)	<u>he calendar ye</u>	ear e	nding	g wi	ith o	r wit	hin I	the organization's tax y (B)	ear.	(C	
	Name and business	address	NC	ONE	1				Description of s	ervices	Comper	
	▼											
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos 0		ed	above) who received mo	ore than		

Form 990 (2021)

132008 12-09-21

ORGANIZATIONS	&	VOLUNTARY	AC	CTION	
ASSOCIATION F	OR	RESEARCH	ON	NON-F	ROFIT

			2021) ORGANIZATIONS	& VOLUN	TARY ACTION	N	23-7378	021 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s s	1	2	Federated campaigns 1a					
ant	•		Membership dues 1b	130,216.				
ມີ ຍິ			Fundraising events					
ifts ar A			Related organizations 1d					
s, G Bils			Government grants (contributions) 1e	75,484.				
rsi			All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	135,064.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f					
<u>о е</u>		h	Total. Add lines 1a-1f	🕨	340,764.			
				Business Code	100 100	100 100		
ice	2		CONFERENCE FEES	900099	189,137. 20,000.	189,137. 20,000.		
Program Service Revenue			MANAGING EDITOR STIPEN	900099	20,000.	20,000.		
n S Veni		c						
graı Re∖		d						
Dro.		e f	All other program service revenue					
_			Total. Add lines 2a-2f		209,137.			
	3		Investment income (including dividends, intere					
			other similar amounts)		12,841.			12,841.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►	168,883.			168,883.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		h	assets other than inventory 7a Less: cost or other basis					
e		D	and sales expenses					
evenue		c	Gain or (loss)					
Rev			Net gain or (loss)					
erF	8		Gross income from fundraising events (not					
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10	a	and allowances <u>10</u>	3				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory	>				
				Business Code				
sno	11	а	MISCELLANEOUS	900099	18,624.	18,624.		
ane		b						
Miscellaneous Revenue		с						
Mis			All other revenue		10 004			
			Total. Add lines 11a-11d		<u>18,624.</u> 750,249.	227 761	0	101 704
10000	12		Total revenue. See instructions	₽	1,50,249.	227,761.	0.	181,724. Form 990 (2021)
13200	a 12-	-09-	2 I					

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ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	262,385.	262,385.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	14,500.	14,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,347.	77,650.	21,274.	10,423.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,301.	36,430.	9,981.	4,890.
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,467.	43,649.	11,959.	5,859.
10		5,742.	4,078.	1,117.	547.
11	Payroll taxes Fees for services (nonemployees):	5,142.	4,070.	±,±±,•	547.
a L	Management				
b	0	48,494.		48,494.	
	0	10,171.		10,171.	
	Lobbying				
e	ç ,				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	36,172.	5,081.	30,813.	278.
14	Information technology	30,172.	5,001.	30,013.	270.
15	Royalties	12 602	0 402	2 4 2 0	1 770
16	Occupancy	13,682.	8,483. 23,339.	3,420.	1,779.
17	Travel	28,700.	23,339.	5,361.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	460.000	450 555	0.5.0	
19	Conferences, conventions, and meetings	462,333.	458,555.	250.	3,528.
20	Interest				
21	Payments to affiliates	0.000			
22	Depreciation, depletion, and amortization	2,063.		2,063.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	154,794.	139,673.	12,902.	2,219.
b	NVSQ DIRECT EXPENSES	56,133.	56,133.		
с	ADMINISTRATION	35,741.	2,745.	32,480.	516.
d					
е	All other expenses	19,073.	3,371.	15,702.	
25	Total functional expenses. Add lines 1 through 24e	1,361,927.	1,136,072.	195,816.	30,039.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Check here

Form 990 (2021)

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if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

11

rm 990 Part X	ORGANIZATIONS Balance Sheet	& VOLUNI	ARY ACTIO	N	23-	7378021 Page 1 1
	Check if Schedule O contains a response or not	te to any line in t	his Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			812,334.	1	374,299.
2				1,009,297.	2	0.
3				40,000.	3	33,500
4				7,440.	4	34,488
5						
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the		,		5	
6						
	under section 4958(f)(1)), and persons described				6	
n 7					7	
					8	
ž 9	–			33,601.	9	17,803
	a Land, buildings, and equipment: cost or other		F		-	
	basis. Complete Part VI of Schedule D	10a	20,751.			
	b Less: accumulated depreciation	10b	20,751. 19,172.	1,882.	10c	1,579
11	Investments - publicly traded securities				11	1,168,941
12					12	
13					13	
14					14	
15					15	
16				1,904,554.	16	1,630,610
17				90,773.	17	272,951
18				5071150	18	
19				61,874.	19	45,708
20				01/0/10	20	10,700
21	Escrow or custodial account liability. Complete				21	
00					21	
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
23					22	
23					23 24	
25					24	
25	parties, and other liabilities not included on lines	-				
				82,717.	25	59,975
26				235,364.	25	378,634
20	Organizations that follow FASB ASC 958, che	ck bere 🕨 🗋	x	20070010	20	5707051
ß	and complete lines 27, 28, 32, and 33.		·•			
27				923,405.	27	1 075 755
				745,785.	28	1,075,755 176,221
	Organizations that do not follow FASB ASC 9	158 check here		/ 10 / / 00 0	20	1/0/221
	and complete lines 29 through 33.	50, check here				
27 28 28 29 30 31 32					29	
29					29 30	
2 30					30 31	
ະຊັ 31 ສັ 22	Retained earnings, endowment, accumulated in			1,669,190.	31 32	1,251,976
				1,904,554.	32	1,630,610
33	Total liabilities and net assets/fund balances			±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	აა	Form 990 (202 ⁻

132011 12-09-21

	ASSOCIATION FOR RESEARCH ON NON-PROFIT	0.0		4	10
	990 (2021) ORGANIZATIONS & VOLUNTARY ACTION	23-	737802	ΙF	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
			7	50	249.
1	Total revenue (must equal Part VIII, column (A), line 12)	1			927.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>527.</u> 678.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>190.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	· ·			885.
5	Net unrealized gains (losses) on investments	5		40,	005.
6	Donated services and use of facilities	6			
7	Investment expenses	7		17	<u> </u>
8	Prior period adjustments	8		4/,	579.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 2	C 1	076
Da	column (B)) rt XII Financial Statements and Reporting	10	1,2	э⊥,	976.
Га					X
	Check if Schedule O contains a response or note to any line in this Part XII		·····	Ye	
				Te	5 NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	Act and OMB Circular A-133?		3	a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			-	
			Fo	m 99	0 (2021)

⊦orm

SCHED (Form 99 Department o Internal Rever	9 0) If the Treasury	Co	Public Char omplete if the organ 494 • Go to www.irs.gov		OMB No. 1545-0047 2021 Open to Public Inspection					
Name of t	the organizati			R RESEARCH ON				Employer	identification number	
	•			& VOLUNTARY A					3-7378021	
Part I	Reason			(All organizations must c			ee instructior			
The organ				For lines 1 through 12, cl						
1		-	-	n of churches described	-		()(A)(i).			
2				Attach Schedule E (Form						
3				inization described in se		(b)(1)(A)(ii	i).			
4	-	-		junction with a hospital			-)(iii), Enter	the hospital's name.	
•	city, and state	-						,,,,,,	and noophan o hanno,	
5	-		or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in	
•			Complete Part II.)		or operat					
6				nental unit described in	section 17	70(b)(1)(A)	(v)			
7		-	-	ntial part of its support fr				ne deneral r	public described in	
•	•		omplete Part II.)		onna gove	Smincinal		ic general p		
o \Box	-			1)(A)(vi) (Complete Par	• 11 \					
8 🛄 9 🗍	 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 									
9	-	-						-	-	
		or a non-ianu-g	grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
10 X	university:	an that name		then 22 1/20/ of its supp	art from a	optribution	a mambarak	in face and	d areas ressints from	
10 22	-		•	than 33 1/3% of its supp				-		
				t to certain exceptions; a						
				(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	Inter June 30, 1975.	
			mplete Part III.)							
	-	-		vely to test for public saf	-					
12 🔛				vely for the benefit of, to						
				d in section 509(a)(1) o					Check the box on	
	-	-		f supporting organization				-		
a			-	upervised, or controlled						
		0		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
			complete Part IV, Se							
b 🔄				or controlled in connect			-		-	
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		. ,	t complete Part IV,							
c 🖵		-		g organization operated				lly integrate	d with,	
		•		. You must complete F			-			
d 🗌				orting organization oper						
				ation generally must sati				an attentiv	/eness	
_	-			nplete Part IV, Sections						
e	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
	functionally	integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.				
	er the number		•							
			about the supporte	d organization(s). (iii) Type of organization	(iv) Is the oroa	anization listed	(u) Amount o	fmonoton	(vi) Amount of other	
((i) Name of support organization 		(ii) EIN	(described on lines 1-10	in your governi	ing document?	(v) Amount o support (see in	-	(vi) Amount of other support (see instructions)	
	94.124101			above (see instructions))	Yes	No	35,250,1000 1	2		
Total										

23-7378021 Page 2	23	-737	8021	Page 2
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Schedule A (Form 990) 2021 ORGANIZATIONS & VOLUNTARY ACTION 23-7378 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-	•	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			•			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
16 a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali		• •				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% (or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	imstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	; ▶
						Schedule A	(Form 990) 2021

23-7378021 Page 3

Schedule A (Form 990) 2021 ORGANIZATIONS & VOLUNTARY ACTI 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 (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 961,285 1055535. 282,477. 367,319. 340,764. 3007380. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 340,160. 412,230. 182,170. 227,761. 424,157. 1586478. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1395695. 694,707. 549,489. 568,525 1385442. 4593858. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 0. 4593858. Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2017 (b) 2018 (e) 2021 Calendar year (or fiscal year beginning in) 🕨 (c) 2019 (d) 2020 (f) Total 9 Amounts from line 6 694,707. 568,525 1385442 1395695. 549,489 4593858. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 266,035. 170,900. 204,621. 204,166. 181,724. 1027446. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 266,035. 170,900. 204,621. 204,166. 181,724. 1027446. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 15,425. 3,749. 2,850. 31,100 53,124. assets (Explain in Part VI.) 1666902. 1570344. 902,178. 784,755. 5674428. 750, 249. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 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 80.96 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 80.81 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 18.11 17 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 18.27 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. 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 ► X 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 - 2020. 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 gualifies 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 Schedule A (Form 990) 2021 132023 01-04-22

16

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23-7378021 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

Yes No

Schedule A (Form 990) 2021 Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 Part VI.
- c Did a disgualified 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

17

132024 01-04-21

8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

ASSOCIATION FOR RESEARCH ON NON-PROFIT

Schedule A (Form 990) 2021

ORGANIZATIONS & VOLUNTARY ACTION Part IV Supporting Organizations (continued)

23-7378021 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations			
			Yes	No

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

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Section D.	All Type I	II Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

			· · · · · · · · · · · · · · · · · · ·	
1	Check the box next to the method that the	organization used to satis	fy the Integral Part Test during th	e vear (see instructions).

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

с		The organization supported a governmenta	l entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions)).
---	--	--	-----------	-------------------------	-----------------	---------------------	--------------------	----

- Activities Test. Answer lines 2a and 2b below. 2
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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18

	edule A (Form 990) 2021 ORGANIZATIONS & VOLUNTA			23-7378021 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

132026 01-04-22

Sche	dule A (Form 990) 2021 ORGANIZATIONS			2	3-7378021	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizations _{(contin}	ued)		
Sect	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ons	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsi	ive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributab Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years		_			
	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
_	than zero, explain in Part VI. See instructions.		_			
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
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Schedule A (Form 990) 2021

132027 01-04-22

	ASSOCIATION FOR RESEARCH ON NON-PROFIT
Schedule A	(Form 990) 2021 ORGANIZATIONS & VOLUNTARY ACTION 23-7378021 Page 8
	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.)
132028 01-04-2	2 Schedule A (Form 990) 2021
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

Name of the organization

Organization type (check one):

ASSOCIATION	FOR	RESEARCH	ON	NON-PROFIT	ľ
ORGANIZATION	12 &	VOLUNTARY	ζ Α(CTION	

23-7378021

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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

X 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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots b \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of c	organization		Employer identification number
	IATION FOR RESEARCH ON NON-PROFIT IZATIONS & VOLUNTARY ACTION		23-7378021
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	SAGE PUBLISHING 2455 TELLER RD	\$5,0	
_	THOUSAND OAKS, CA 91320		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2	U.S. SMALL BUSINESS ASSOCIATION <u>409 3RD ST, SW</u>	\$75,4	(Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	rganization		Employer identification number
	IATION FOR RESEARCH ON NON-PROFIT IZATIONS & VOLUNTARY ACTION		23-7378021
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
102/50 44 1		\$	Cohodulo D (Forms 000) (0004)
123453 11-1	1-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)			Page 4			
Name of o	organization			Employer identification number			
ASSOC	IATION FOR RESEARCH ON NO	N-PROFIT					
	IZATIONS & VOLUNTARY ACTI			23-7378021			
Part III		s to organizations described in se	ction 501(c)(7), (8), or (10)	that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char	rough (e) and the following line entriable, etc., contributions of \$1,000 or I	ry. For organizations	once.) ► \$			
	Use duplicate copies of Part III if additional spa	ace is needed.					
(a) No. from	(h) Durn and of sift			envirations of house with in hold			
Part I	(b) Purpose of gift	(c) Use of gift	(a) De:	scription of how gift is held			
	_						
	_						
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee			
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
<u>Part i</u>							
	-						
	·	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Part I	(-,	(-, 3	(-,				
		(e) Transfer of gift					
		(e) transfer of gift					
	Transferee's name, address, and	7IP + 4	Relationship of tr	ansferor to transferee			
(a) No. from			(J) D.				
Part I	(b) Purpose of gift	(c) Use of gift	(a) Des	scription of how gift is held			
		(e) Transfer of gift	:				
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee			
123454 11-11	1-21			Schedule B (Form 990) (2021)			

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SCHEDULE D Supplementa			al Financial Statements	S	OMB No. 1545-0047
(Form 990) Complete if the orga			anization answered "Yes" on Form 990	9	2021
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	2b.	Open to Public
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	ation.	Inspection
Nam	e of the organization		SEARCH ON NON-PROFIT		r identification number
Pa	rt I Organiza	ORGANIZATIONS & VO ations Maintaining Donor Advise			<u>13-7378021</u>
Fa		n answered "Yes" on Form 990, Part IV, lir		of Accounts.	Complete if the
			(a) Donor advised funds	(b) Funds ar	d other accounts
1	Total number at en	nd of year		(1) 1 11 11 11	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6	•	on inform all grantees, donors, and donor a	0 0		
		ooses and not for the benefit of the donor o		-	
Pa		ate benefit? ation Easements. Complete if the or			Yes No
1		servation easements held by the organizati		rarriv, inter.	
•		of land for public use (for example, recrea		f a historically impo	rtant land area
		f natural habitat		f a certified historic	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year	r.		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•				
С		vation easements on a certified historic str			
d		vation easements included in (c) acquired			
3		nal Register vation easements modified, transferred, re			a tho tax
3	year ►	valion easements mouned, transiened, re	leased, extinguished, or terminated by the	organization during	g the tax
4		where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe			
		orcement of the conservation easements i			Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easement	s during the year
	►	_			
7		es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements dur	ing the year
	►\$				
8		vation easement reported on line 2(d) abov			
9)(4)(B)(ii)? be how the organization reports conservat			Yes No
9		d include, if applicable, the text of the foot	•		the
		ounting for conservation easements.			
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar As	sets.
	Complete if	f the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	ind balance sheet v	vorks
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in fu	urtherance of public	
		Part XIII the text of the footnote to its fina			
b	-	elected, as permitted under FASB ASC 95			
		sures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public se	ervice,
		ng amounts relating to these items: ded on Form 990, Part VIII, line 1		▶ \$	
2	.,	received or held works of art, historical tre			
-	•	unts required to be reported under FASB A		U , <u>1</u>	
а	-	on Form 990, Part VIII, line 1	-	> \$	
		Form 990, Part X			
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	Sche	dule D (Form 990) 2021
13205	1 10-28-21				
			26		

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		TION FOR RE			FIT			
		ATIONS & VO					78021	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or C	Other Sin	milar Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	ake signifi	cant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е						
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	s exempt p	ourpose in Part	XIII.	
5	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?							
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Par		to in the organizatio					
19	Is the organization an agent, trustee, custodi		any for contribution	s or other assets	s not inclu	ded		
Ia							Yes	No
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					L		
D			iowing table.		Г		Amount	
	De sinsis a la dese				H	4	Amount	
	Beginning balance							
	Additions during the year					1d		
е	Distributions during the year					<u>1e</u>		
f	0					1f		
	Did the organization include an amount on Fo					·	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i			rm 990, Part IV,				
		(a) Current year	(b) Prior year	(c) Two years b	back (d) 1	Three years back	., ,	
1a	Beginning of year balance	20,449.	20,449.	20,4	449.	20,449.		20,449.
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance	20,449.	20,449.	20,4	149.	20,449.		20,449.
2	Provide the estimated percentage of the curr	ent year end balance	, line 1g. column (a)					
	Board designated or quasi-endowment	.0000	%	, nord do.				
h	Permanent endowment > 93.7698	%	_/0					
0	C 0201	% %						
C		-						
0-	The percentages on lines 2a, 2b, and 2c show		4: 4		fa., the a			
Ja	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid ar	ia administered	for the org	ganization	V	es No
	by:							
	(i) Unrelated organizations						3a(i)	<u>X</u>
	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, line	10.		
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accur	nulated	(d) Book v	/alue
		basis (investm	nent) basis	(other)	deprec	iation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		2	0,251.	18	3,672.	1	,579.
	Other			500.		500.	,	0.
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1				1	,579.
	5 ···· (Oolannin (a/ musi o							

Schedule D (Form 990) 2021

132052 10-28-21

ASSOCIATION FOR RESEARCH ON NON-PROFIT

Schedule D	(Form 990) 2021 ORGANIZATIO	NS & VOLUNTAR	Y ACTION	23-7378021 Page 3
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) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (t	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	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)				
	mn (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X	Other Liabilities.	c 70.)		
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	ine 25.
1.	(a) Description of liability		, ,	(b) Book value
	leral income taxes			
	NDS HELD ON BEHALF OF O	THERS		59,975.
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) lir			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

ASSOCIATION	FOR	RESEARCH	ON	NON-PROFIT	
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Sche	edule D (Form 990) 2021 ORGANIZATIONS & VOLUNTARY ACTION		/3/8021 Page 4					
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1	1,163,184.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а								
b	Donated services and use of facilities 266,050.							
с	Recoveries of prior year grants 2c							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e	412,935.					
3	Subtract line 2e from line 1	3	750,249.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
	Add lines 4a and 4b	4c	0.					
С	Add lines 4a and 4b							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	750,249.					
5		5						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	5	n.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	5						
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 Retur	n.					
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	5 Retur	n.					
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 Retur	n.					
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050.	5 Retur	n.					
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050. Prior year adjustments 2b 266 2b	5 Retur	n. 1,627,977.					
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050. Prior year adjustments 2b 2c	5 Retur	n. <u>1,627,977.</u> 266,050.					
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050. Donated services and use of facilities 2b 2b Other losses 2c 2d	5 Retur	n. 1,627,977.					
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050. Donated services and use of facilities 2a 266,050. Prior year adjustments 2b 2c Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d	5 Retur	n. <u>1,627,977.</u> 266,050.					
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050. Donated services and use of facilities 2b 2c Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4d	5 Retur	n. <u>1,627,977.</u> 266,050.					
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266,050. Donated services and use of facilities 2b 2c 2d Other losses 0ther losses 2c 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4mounts included on Form 990, Part IX, line 25, but not on line 1: 1	5 Retur	n. <u>1,627,977.</u> <u>266,050.</u> 1,361,927.					
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266, 050. Donated services and use of facilities 2b 2c 2d Other losses 2c 2d 2d Other (Describe in Part XIII.) 2d 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4a	5 Retur	n. <u>1,627,977.</u> <u>266,050.</u> <u>1,361,927.</u> 0.					
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 266 , 050 . Donated services and use of facilities 2b 2c 2d Prior year adjustments 2b 2c 2d Other losses 2c 2d 2d Add lines 2a through 2d 2d 2d 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a 4b	5 Retur	n. <u>1,627,977.</u> <u>266,050.</u> 1,361,927.					

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.

PART V, LINE 4:

ARNOVA'S ENDOWMENT CONSISTS SOLELY OF ONE DONOR RESTRICTED FUND THAT WAS

ESTALISHED TO SUPPORT SCHOLARSHIPS. AS REQUIRED BY GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUND ARE

CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED

29

RESTRICTIONS.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)			ivities Outside th n answered "Yes" on Form S			OMB No. 1545-0047
Department of the Treasury		. "	Attach to Form 990.			en to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and t	the latest information.		
Name of the organization ASSOCIATION FC	R RESEARCI	H ON NON	-PROFTT		Employer ident	ification number
ORGANIZATIONS					23-73780	21
			side the United States.	Complete if the organ		
 Form 990, Par						
1 For grantmakers. Do	pes the organization	n maintain recor	ds to substantiate the amount	of its grants and other	assistance,	
the grantees' eligibilit	y for the grants or a	assistance, and t	he selection criteria used to a	ward the grants or assis	stance?	Yes X No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the	use of its grants and ot	her assistance out	tside the
		T	n be duplicated if additional s			(0, -))
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the (by type) (such as, fundraising	•	vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments,		e specific type	for and
		contractors in the region	recipients located in the re	egion) of service	e(s) in the region	investments in the region
		in the region				
EAST ASIA AND THE			NONPROFIT AND PHILANTH	BOPTC EDUCATION	AND KNOWLEDGE	
PACIFIC	0	0	CONFERENCE	SHARING		13,534.
EUROPE (INCLUDING			NONPROFIT AND PHILANTH	ROPIC EDUCATION F	AND KNOWLEDGE	
ICELAND & GREENLAND)	0	0	CONFERENCE	SHARING		6,464.
MIDDLE EAST AND			NONPROFIT AND PHILANTH		AND KNOWLEDGE	0.000
NORTH AFRICA	0	0	CONFERENCE	SHARING		9,909.
			NONPROFIT AND PHILANTH	ROPIC EDUCATION A	AND KNOWLEDGE	
SOUTH AMERICA	0	O	CONFERENCE	SHARING		46,190.
			NONPROFIT AND PHILANTH	ROPIC EDUCATION A	AND KNOWLEDGE	
SUB-SAHARAN AFRICA	0	0	CONFERENCE	SHARING		361,304.
3 a Subtotal	0	0				437,401.
b Total from continuation						
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)		0				437,401.

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

Schedule F (Form 990) 2021

132071 12-20-21

23-7378021

Schedule F (Form 990) 2021

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, c	or for which the grantee of	ecognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	>		·

Schedule F (Form 990) 2021

132073 12-20-21

021	ORGANIZATIONS	&	VOLUNTAR	Y ACTION	23	-7378021
Other Assista	nce to Individuals Outside	the	United States.	Complete if the organization a	answered "Yes" or	n Form 990, Part IV, line 16.

(h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (g) Description of (c) Number of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance EAST ASIA AND THE SCHOLARSHIPS & AWARDS PACIFIC 0 9,000. WIRE TRANSFER Ο. CASH VALUE EUROPE (INCLUDING ICELAND & SCHOLARSHIPS & AWARDS GREENLAND) 0 5,500. WIRE TRANSFER 0 CASH VALUE

32

Schedule F (Form 990) 2021

Page 3

	ASSOCIATION 1	FOR	RESEARCH	ON NON-PROFIT
Schedule F (Form 990) 2021	ORGANIZATION	S &	VOLUNTARY	ACTION

Part III Grants and Ot Part III can be duplicated if additional space is needed.

ASSOCIATION	FOR	RESEARCH	ON	NON-PROFIT
ORGANIZATION	1S &	VOLUNTARY	A A	CTION

Schedu	Ile F (Form 990) 2021 ORGANIZATIONS & VOLUNTARY ACTION	23-7378021	Page 4
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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

	ASSOCIATION FOR RESEARCH ON NON-PROFIT		
Schedule F	(Form 990) 2021 ORGANIZATIONS & VOLUNTARY ACTION Supplemental Information	23-7378021	Page 5
Part V			
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountin		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information	ation. See instructions.	

132075 12-20-21

SCHEDULE I (Form 990)			irants and Oth					OMB No. 1545-0047
(10111330)		GO	vernments, an ete if the organization		on Form 990 Pai			2021
Department of the Treasury		Comp		Attach to For	m 990.			Open to Public
Internal Revenue Service					r the latest inform	nation.		Inspection
Name of the organizatio			SEARCH ON NO LUNTARY ACTI					Employer identification number $23 - 7378021$
Part I General In	formation on Grants a	nd Assistance						
	ation maintain records t ward the grants or assis							
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.			
	d Other Assistance to a at received more than S	-				anization answered "Y	es" on Form 990, Par	IV, line 21, for any
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a er of other organizations							······· }
3 Enter total number								

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

ASSOCIATION FOR RESEARCH ON NON-PROFIT

Schedule I (Form 990) 2021

ORGANIZATIONS & VOLUNTARY ACTION

23-7378021 Page 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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JNDERGRADUATE DIVERSITY PROGRAM - 2021 COHORT	9	4,500.	0.		
GRADUATE DIVERSITY PROGRAM - 2020 COHORT	35	64,990.	0.		
DOCTORAL FELLOWSHIP PROGRAM	12	8,568.	0.		
MERGING SCHOLARS AWARD	9	13,500.	0.		
	20	5,000.	0.		

Schedule I (Form 990) ASSOCIATION F ORGANIZATIONS			ROFIT		23-7378021 Page 2
Part III Continuation of Grants and Other Assistance to Do			90), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VARIOUS AWARDS	7.	5,000.	0.		
				k	Cabadula I (Forme 000)

SCHEDULE O

(Form 990)

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



 Name of the organization
 ASSOCIATION FOR RESEARCH ON NON-PROFIT

 ORGANIZATIONS & VOLUNTARY ACTION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERDISCIPLINARY COMMUNITY OF PEOPLE DEDICATED TO FOSTERING THROUGH

RESEARCH AND EDUCATION THE CREATION, APPLICATION, AND DISSEMINATION OF

KNOWLEDGE ON NONPROFIT ORGANIZATIONS, PHILANTHROPY, CIVIL SOCIETY, AND

VOLUNTARY ACTION. ARNOVA IS THE US-BASED, NATIONAL AND INTERNATIONAL

ASSOCIATION THAT CONNECTS SCHOLARS, TEACHERS, AND PRACTICE LEADERS

INTERESTED IN RESEARCH ON NONPROFIT ORGANIZATIONS, VOLUNTARY ACTION,

PHILANTHROPY, AND CIVIL SOCIETY. ARNOVA IS A NEUTRAL, OPEN FORUM

COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER

PRACTICE IN THESE REALMS.

LINE 1, FORM 990, PART III, DESCRIPTION OF ORGANIZATION MISSION: PHILANTHROPY, CIVIL SOCIETY, AND VOLUNTARY ACTION. ARNOVA IS THE NATIONAL AND INTERNATIONAL ASSOCIATION THAT CONNECTS US-BASED, AND PRACTICE LEADERS INTERESTED IN RESEARCH ON TEACHERS, SCHOLARS NONPROFIT ORGANIZATIONS, VOLUNTARY ACTION, PHILANTHROPY, AND CIVIL ARNOVA IS A NEUTRAL, OPEN FORUM COMMITTED TO STRENGTHENING THE SOCIETY. RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE REALMS.

FORM 990, PART VI, SECTION A, LINE 3:

ARNOVA HAS ENTERED INTO AN AGREEMENT WITH INDIANA UNIVERSITY WHERE THE

EMPLOYEES OF THE ORGANIZATION ARE PROVIDED BY THE UNIVERSITY. ARNOVA

RETAINS THE RIGHT TO ALL HIRING AND FIRING DECISIONS. THE UNIVERSITY IS THE

EMPLOYER OF RECORD. ARNOVA REIMBURSES THE UNIVERSITY FOR COMPENSATION

BENEFITS AND TAXES. IN ADDITIONAL, ARNOVA PAYS THE UNIVERSITY A SMALL

 PERCENTAGE OF EXPENDITURES AS AN ADMINISTRATIVE FEE. DURING THE CURRENT

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

YEAR THERE WERE 3 EMPLOYEES. THEIR COMPENSATION HAS BEEN REPORTED ON THE

STATEMENT OF FUNCTIONAL EXPENSES AS SALARY, BENEFITS, AND PAYROLL EXPENSES.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A NON-FOR-PROFIT CORPORATION WITH MEMBERS WHO, IN

ACCORDANCE WITH THE BY-LAWS, ELECT THE GOVERNING BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS WHO, IN

ACCORDANCE WITH THE BY-LAWS, ELECT THE GOVERNING BOARD. MEMBERS' VOTING

RIGHTS MAY NOT BE ABRIDGED WITHOUT APPROVAL BY A VOTE OF THE AFFECTED

MEMBERS AND EACH AMENDMENT OF THE BY-LAWS REQUIRED APPROVAL OF A TWO-THIRDS MAJORITY OF MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS WHO, IN

ACCORDANCE WITH THE BY-LAWS, ELECT THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE TREASURER AND THE AUDIT AND FINANCE

COMMITTEE MEMBERS. ONCE THIS REVIEW IS COMPLETE AND THE FORMAT IS APPROVED,

THE EXECUTIVE DIRECTOR SIGNED THE RETURN AND PROCEEDS WITH SUBMISSION TO

THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE ANNUAL BOARD RETREAT, MEMBERS PROVIDE A CONFLICT OF INTEREST FORM.

THE PRESIDENT REVIEWS AND THE FORMS ARE FILED. ANNUALLY AT THE NOVEMBER

	MEETIN	G, NE	VLY	ELECTED	MEMBERS	PROVIDE	THEIR	FORMS.	DURING	ME	ETINGS,	IF	Α	
	132212 11-11-2	21									Schedule O (F	orm §	990) 2021	
						3	9							
102	21109	758050) 40	00042-32	25	2021	.05000	ASSOCI	ATION F	OR	RESEARC	н	400004	21

Page 2

CONFLICT EXISTS, CONFLICTED MEMBERS RECUSE THEMSELVES FROM DISCUSSION AND VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY AS A PART OF THE ANNUAL REVIEW PROCESS AND ANNUAL BUDGET APPROVAL PROCESS BY THE EXECUTIVE

COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE COMPANY'S OWN

WEBSITE AT WWW.ARNOVA.ORG, VIA GUIDESTAR'S WEBSITE AT WWW.GUIDESTAR.ORG,

AND BY PHONE TO (317)684-2120, BY FAX TO (317)684-2128 OR BY REGULAR MAIL

TO ARNOVA, 550 W. NORTH ST.

FORM 990, PART XII, LINE 2C:

THE AUDIT REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21

NP-20 State Form 51062 (R12 / 8-21)	Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year						
-	inning 01 01						
Place "X" in box if: Change		Amended Report	Final Report: I Indicate Date Closed				
Name of Organization		NO FEE REQUIRED	Telephone Number				
ASSOCIATION FOR R	ESEARCH ON NO	NPROFIT O	317 684 2120				
Address		County	Indiana Taxpayer Identification Number				
1100 W 42ND ST							
City	State	ZIP Code	Federal Employer Identification Number				
INDIANAPOLIS	IN	46208	23 7378021				
Printed Name of Person to	Contact		Contact's Telephone Number				
LYNNETTE COOK			317 684 2120				

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

- 1. Indicate number of years your organization has been in continuous existance: 50
- 2. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes.
- 3. Attach a schedule, listing the names, titles and addresses of your current officers.
- 4. Briefly describe the purpose or mission of your organization below.

SEE ST	ATEMENT 1
Email Address:	LYNNETTE@ARNOVA.ORG

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

	EXECUTIVE DIRE	CTOR
Signature of Officer or Trustee	Title	Date
	317 684 2120	
Name of Person(s) to Contact	Daytime Telephone I	Number
150981 07-30-21		

NP-20

STATEMENT 1

ASSOCIATION FOR RESEARCH ON NONPROFIT ORGANIZATIONS & VOLUNTARY ACTION (ARNOVA) IS A LEADING INTERDISCIPLINARY COMMUNITY OF PEOPLE DEDICATED TO FOSTERING THROUGH RESEARCH AND EDUCATION THE CREATION, APPLICATION, AND DISSEMINATION OF KNOWLEDGE ON NONPROFIT ORGANIZATIONS, PHILANTHROPY, CIVIL SOCIETY, AND VOLUNTARY ACTION. ARNOVA IS THE US-BASED, NATIONAL AND INTERNATIONAL ASSOCIATION THAT CONNECTS SCHOLARS, TEACHERS, AND PRACTICE LEADERS INTERESTED IN RESEARCH ON NONPROFIT ORGANIZATIONS, VOLUNTARY ACTION, PHILANTHROPY, AND CIVIL SOCIETY. ARNOVA IS A NEUTRAL, OPEN FORUM COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE REALMS.

FORM NP-20	LIST OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS		TITLE	
LYNNETTE COOK 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	EXECUTIVE DIRECTOR	
ANGELA EIKENBERRY 1100 W. 42ND ST. INDIANAPOLIS, IN		PAST PRESIDENT	
PIER ROGERS 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	PRESIDENT	
MARGARET SLOAN 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	TREASURER	
RENE BEKKERS 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	SECRETARY	
BRENDA BUSHOUSE 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	DIRECTOR	
CRISTINA BALBOA 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	DIRECTOR	
CURTIS CHILD 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	DIRECTOR	
ESI ANSAH 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	DIRECTOR	
HELEN LIU 1100 W. 42ND ST. INDIANAPOLIS, IN	46208	DIRECTOR	
JASMINE MCGINNIS 1100 W. 42ND ST. INDIANAPOLIS, IN		DIRECTOR	

10221109 758050 4000042-325

KHALDOUN ABOUASSI 1100 W. 42ND ST. INDIANAPOLIS, IN 46208

LINDSEY MCDOUGLE 1100 W. 42ND ST. INDIANAPOLIS, IN 46208

MARY KAY GUGERTY 1100 W. 42ND ST. INDIANAPOLIS, IN 46208

MIRAE KIM 1100 W. 42ND ST. INDIANAPOLIS, IN 46208

SHENA ASHLEY 1100 W. 42ND ST. INDIANAPOLIS, IN 46208 DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

23-7378021