Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Inter	nal Reve	nue Service The organization may have to use a copy of this return to satisfy state	<u> </u>	ements	Inspection
Α	For the	2010 calendar year, or tax year beginning $07/01/10$, and ending $06/30/1$.	<u> </u>		
B_ (Check if ap	oplicable C Name of organization Assoc. for Research on Non-Profit		D Emplo	yer identification number
٦,	Address ct	nange Organizations & Voluntary Action			
٦,	Name char	Doing Business As ARNOVA		23-	-7378021
=		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number
י ב	Initial retur	550 W. North Street	301	· '	7-684-2120
╝.	Terminated				
\Box	Amended i			G Gross reco	expts \$ 867,425
=	Analiantina	E Name and add to the first	T	0.000.00	
' لـــ	Application	pending	H(a) Isthisagi	roup return for	affiliates? Yes X No
			H(b) Are all a	ffiliates inclu	ded? Yes No
			If "No	o," attach a l	st (see instructions)
1	Tax-eve	mpt status	1		
	Website		H(c) Group e	vomation nu	mhar 🏲
				971	
	art I	rganization X Corporation Trust Association Other ▶ L \ Summary	ear of formation 1	311	M State of legal domicile DC
	''	Briefly describe the organization's mission or most significant activities	•		•
9		Education and Research			
Jan					••
er		and the second s			
Š	I	Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net assets	, , ,	
ಹ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	15
ies	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
Activities & Governance	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	3
Act	6 T	Total number of volunteers (estimate if necessary)		6	135
•	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	-13
	Ь١	Net unrelated business taxable income from Form 990-T, line 34		7b	-13
			Prior Yea		Current Year
Ф	8 0	Contributions and grants (Part VIII, line 1h)		5,936	471,625
Revenue	9 F	Program service revenue (Part VIII) Tipe Police [21	9,411	251,571
eVe	10 l	nvestment income ((Pa rt VIII), column (A), lines 3, 4 1 and 7d)	2	9,139	11,005
œ		Other revenue (Par 🔐, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)	11.	3,439	133,224
		otal revenue – add ines 8 through a 14 must equal Part VIII, column (A), line 12)	56	7,925	867,425
	13 (Grants and similar amounts paid (Part IX, column (♠∰ines 1–3)			
		Benefits paid to or for members (Part X column (A), line 4)			
, 0	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25.	3,372	263,737
nses		Professional fundraising fees (Part IX, column (A), line 11e)			
Den.	1	Total fundraising expenses (Part IX, column (D), line 25) ► 7,307			
Expe	į į	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	31	0,659	503,486
	Į.	Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,031	767,223
	5			3,894	100,202
2 %		Revenue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		4,513	1,404,389
Ass	21 T	Total liabilities (Part X, line 26)		7,486	86,681
E.E	22 N	Net assets or fund balances Subtract line 21 from line 20		7,027	1,317,708
	art II	Signature Block		, , , , , , , , , , , , , , , , , , , 	2/02///00
-		alties of perjury, I declare that I pave examined this return, including accompanying schedules and statements, an	d to the best of	. 1 11	
		ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any		knowledge :	and belier, it is
-				1	1/1/19017
Sig		- Johns of Joses			2111/201
_		Signature of officer	tion Die	Date	
He	re		tive Dir	ector	
		Type or print name and title	 		
D~!-	,	Print/Type preparer's name Preparer's signature	On Date	Check	□ 1
Paid		Sandra E. Kay CPA Sandia E. Kay Ct		/12 self-er	nployed
	parer	Firm's name > Sandrá E. Ray, CPA, PC	F	ırm's EIN ▶	
Use	Only	P.O. Box 190	1		
		Firm's address > Zionsville, IN 46077-1848		hone no	
Мау	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paperv	work Reduction Act Notice, see the separate instructions.			Form. 990 (2010)

Part III	Statement of Program S Check if Schedule O cor	•		this Part III		П
	scribe the organization's mission.					
Educat	ion and Research	<u>.</u>		•••		
			•			
•			•••••			
	rganızatıon undertake any signific	ant program services during the	e year which wer	re not listed on the		
	m 990 or 990-EZ?				•	Yes X No
	describe these new services on Singanization cease conducting, or i		wit conducts an	w program		
services		make significant changes in no	w it conducts, an	iy program		Yes X No
	describe these changes on Sched	lule O			·	
	the exempt purpose achievemen					
	and 501(c)(4) organizations and			the amount of grants a	ind allocations to	
others, th	ne total expenses, and revenue, if	any, for each program service	reported			
4a (Code.) (Expenses \$	606,275 including g) (Revenue \$	
This w	as to meet the d	demand in the f	ield for	current an	d useful re	search
	SQ continues to	be highly rank	ed and s	ee increasi	ng submissi	ons and
attend	ptions. Our Continue of the co	nference in Alex nued our work or	kandria, h the Su	MDOSIUM OD	Public Poli	ra cy for
	ofits and a Works					,
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4b (Code.) (Expenses \$	including g	grants of \$) (Revenue \$)
		•			•	•
	••			•		•
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4c (Code .	.) (Expenses \$	including g	grants of \$	•) (Revenue \$)
	•					
		•			• ••	•
	•	·				
	••	•••				
		•	•			
				•		•
••••			•			
		•				
4d Other pro	ogram services (Describe in Scho	edule O)				
(Expense		including grants of \$) (Revenue \$)
	ogram service expenses	606,275				
						Earm 990 (2010

1 0	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			ŧ
а		۔ ا	x	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1115		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
С	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		x
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		_	
	Schedule D, Parts XI, XII, and XIII	12a	X	
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, XII, and XIII is optional	12b		X
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, and program service activities outside the United States? 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 assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? 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			
40	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	40		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	 	
13	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some	1		
-	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		İ
			000	

	oneokinot of Kedunea Contained (Contained)			_		
24	Did the expense to a read there of 000 of expets and althous and the expense to a second and a second a second and a second a second and a second an				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			21	i	x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		-			
~~	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	•				
23	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 Schedule K If "No," go to line 25			24a	}	x
ь	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	•	• •			
Ť	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	••				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a	-	X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	•		200		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I			25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		• • •			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	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 Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	•				
	was an officer, director, trustee, or direct or indirect owner? 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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	•				
	sections 301.7701-2 and 301 7701-3? 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, Parts II, III,					
	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		X
а	Did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		_			
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					
	Part VI			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				_	
	19? Note. All Form 990 filers are required to complete Schedule O			38	X	L
				_	000	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11		162	NO
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ė
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u></u>
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 ▶			İ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b_	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		ŧ
_	and services provided to the payor?	7a 7b	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 16		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			I
	organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			I
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
j.	Note. See the instructions for additional information the organization must report on Schedule O.			1
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			I
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			1
с 14а	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 in Schedule O	14b	 	
-DAA	n 194] has a model to one to the total states polymonia in 110] provide an explanation in concessio o		ր 990	(2010)

X

Form 990 (2010) Assoc. for Research on Non-Profit 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 in Schedule

O. See instructions.		
Check if Schedule O contains a response to any question in this Part VI		

<u> </u>	non 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	<u>1a</u>	1	<u> 15</u>			
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	<u> </u>	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct				1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?				. 3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5	L	X
6	Does the organization have members or stockholders?				6_	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				ļ		
	of the governing body?				7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				. 7b	X	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following.				-		
а	The governing body?				8a	X	L
b	Each committee with authority to act on behalf of the governing body?				_8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					1	l
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the In	tern	al F	Revenu	e Code		
						Yes	X
10a	Does the organization have local chapters, branches, or affiliates?				10a	 	
b	If "Yes," does the organization have written policies and procedures governing the activities of such						
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		•		10b	├──	-
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11a	X	ļ
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						ŧ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?				12b	X	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?				14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by						Ī
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1.5		ŧ
а	The organization's CEO, Executive Director, or top management official				15a	1	7.7
b	Other officers or key employees of the organization				15b	 	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?				16a	-	X
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate its						Ī
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						ŧ
	organization's exempt status with respect to such arrangements?				16b		<u> </u>

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed > IN
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Own website X Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 441 W. Michigan St. organization > ARNOVA

Indianapolis

IN 46202

317-684-2120

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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 List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average	Pos	ition ((C		hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Ram Cnaan										
President	4.00	ļ		X		Ш		0	0	0
(2) Karen Froelich									_	
Secretary	4.00	ļ		X				0	0	0
(3) Linda Parson									_	
Treasurer	4.00			X		<u> </u>		0	0	0
(4) Angela Eikenberr									_	
Board Member	2.00		L	X				0	0	0
(5) Judith Millesen	j									
Board Member	2.00			X		Ш		0	0	0
(6) Chao Guo			1							
Board Member	2.00			X				0	. 0	0
(7) Ramon Borges-Mer		1								
Board Member	2.00	<u> </u>		X				0	0	0
(8) William Brown						1				
Board Member	2.00			X	L.			0	0	0
(9) Susan Ostrander			ł							
Board Member	2.00			X				0	0	0
(10) Hillel Schmid										
Board Member	2.00		<u> </u>	X				0	0	0
(11) Roseanne Mirabel	la									
President	4.00	1		X				0	0	0
(12) Jessica Sowa										
Board Member	2.00		L.	X				0	0	0
(13) Carl Milofsky]									
Board Member	2.00			X				0	0	0
(14) Woods Bowman			1							
Board Member	2.00			X				0	0	0
(15) Chulhee Kang										
Board Member	2.00	<u> </u>	$oxed{oxed}$	X	<u> </u>	_		0	0	0
(16)	1									
DAA			<u> </u>				<u> </u>	<u> </u>	<u> </u>	Form 990 (2010)
										1 0/111 3 3 0 (2010)

	(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	oply)		(E) Reportable compensation from	(F) Estimated amount of			
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	rislated related organizations (W-2/1099-MISC)	,	other ompens from the organization relations	ation ne ition ited	
(17)														
(18)										-				
(19)										····				
(20)													*	
(21)														
(22)	· ·					-	-							
(23)	•••		-						7.00					
(24)														
(25)						<u> </u>								
(26)					ļ.—					-	-	-		
(27)									***************************************					
(28)										***				
1b	Sub-total				ـــــ	1		>						
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				>						
2	Total number of individuals (inc	cluding but not lin	nited	to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in				
	reportable compensation from	the organization	<u> </u>	0									Yes	Na
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated			3	res	X
4	For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortat	ole c	omp	ensa	tion	and other compensation from	m the	•			
5	individual Did any person listed on line 1a	a receive or accr	ue co	ompe	ensa	tion f	from	any	unrelated organization or inc	dividual		4		X
	for services rendered to the organization R. Independent Contract		s," c	omp	lete	Sche	dule	J fo	or such person	·		5		X
1	Complete this table for your five compensation from the organization e highest compe	nsate	ed in	depe	ende	nt co	ntra	ctors that received more tha	n \$100,000 of	_				
		(A) I business address							Descrip	(B) ution of services		Co	(C) mpensat	tion
		<u> </u>											_	_
_														
														-
2	Total number of independent or received more than \$100,000 i								e listed above) who	0_				
DAA												Form	990	(2010

rt VI	II Statement of	kevenu			(A) T	(B) T	<u>(C)</u>	/D)
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	18						
b	Membership dues	11)					
С	Fundraising events	. 10	:		I			
đ	Related organizations	_10	1		1			
e	Government grants (contributions) <u>1</u> 6	,				#	
f	All other contributions, gifts, grant	1					Ī	
	and similar amounts not included	above 11	· •	471,625	1		Į.	
_	Noncash contributions included in	lines 1a-1f	\$				I	
h	Total. Add lines 1a-1f				471,625		····	
				Busn. Code			Ŧ	
2a	Conference Fees	•			166,949	166,949		
b	Membership Dues	3			79,844	79,844		
С	Section Fees				3,949	3,949		829
d	Publications				829			023
0	A.II	-	•					
	All other program service	e revenue		•	251,571		<u>_</u>	
	Total. Add lines 2a-2f	al . m ar . al al	anda intere	·	231,371	T		
3	Investment income (incli	-	enas, intere		11,005	Ì		11,005
4	and other similar amount income from investment	-	mat band n		11,005			11,003
4 5	Royalties	t or tax-exe	mpi bona pi	oceeds	132,846			132,846
3		ı) Real	(11)	Personal	132,040			
6a	Gross Rents	, r.cu.	\	· orosinar				
b	Less rental exps		 		1		1	
	Rental inc or (loss)				1			
	Net rental income or (los	ss)		•	Ī	1	1	
	Gross amount from (1) S	Securities	(1	ı) Other				
	sales of assets other than inventory				1		I	
b	Less cost or other				1		1	
-	basis & sales exps				1		I	
С	Gain or (loss)				1		1	
	Net gain or (loss)			•	Ī		I	
	Gross income from fundrais	sing events						
	(not including \$	·					1	
	of contributions reported on	line 1c).					1	
	See Part IV, line 18	,	а				1	
b	Less direct expenses		ь				1	
С	Net income or (loss) from	m fundraisi	ng events					
9a	Gross income from gaming	activities						
	See Part IV, line 19		a				1	
b	Less direct expenses	••	b					
С	Net income or (loss) from	m gamıng a	activities	>				
	Gross sales of inventory							
	returns and allowances		a		1			
b	Less: cost of goods sold	. t	b					
С	Net income or (loss) fro	m sales of	inventory	>				
	Miscellaneous I	Revenue		Busn. Code	1			
11a	Admin Fee - Sect	ions .			391			391
b	Advertising			511190	-13			
С								
d	All other revenue							
8	Total. Add lines 11a-11	ld		▶	378			
12	Total revenue. See ins	tructions		▶	867,425	250,742		145,071

Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,		1		
	trustees, and key employees	123,409	97,493	23,448	2,468
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	445.00			
7	Other salaries and wages	115,085	91,303	22,298	1,484
8	Pension plan contributions (include section 401(k)	T 060	2 542	2 040	0.00
	and section 403(b) employer contributions)	7,260	3,749	3,249	<u>262</u> 290
9	Other employee benefits	8,270	3,866	4,114	
10	Payroll taxes	9,713	6,792	2,675	246
11	Fees for services (non-employees).				
a	Management	7		7	
þ	Legal	27,898		27,898	
c	Accounting	21,898		21,030	
d	Lobbying				
6	Professional fundraising services See Part IV, line 17	-			
f	Investment management fees	105,436	103,356	1,780	300
g	Other	103,430	103,330	1,700	300
12	Advertising and promotion	40,685	26,521	12,251	1,913
13	Office expenses	40,005	20,321	12,201	
14 15	Information technology				
16	Royalties	13,592	9,721	3,527	344
17	Occupancy Travel	98,429	75,439	22,990	
18	Payments of travel or entertainment expenses	30/123	70/200	22,330	
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings	141.843	141,843		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,301		8,301	
23	Insurance	4,178	553	3,625	-
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If	Ī			
	line 24f amount exceeds 10% of line 25, column	I		1	
	(A) amount, list line 24f expenses on Schedule O)				
а	Scholarships & Awards	40,687	40,687		
b	Bank, Merch Svs. & Admin	15,195		15,195	
С	Section Expenses	3,807	3,807		
d	Board Expenses	2,283		2,283	
0	Website Expenses	1,142	1,142		
f	All other expenses	3	3		
25	Total functional expenses. Add lines 1 through 24f	767,223	606,275	153,641	7,307
26			1		
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation	L			
DAA					Form 990 (2010)

Part)	Balance Sheet	(A)		(B)
	`	Beginning of year	1	End of year
\top_1	Cash—non-interest bearing	291,537	1	44,874
2	Savings and temporary cash investments	829,072	2	878,195
3	Pledges and grants receivable, net	23,000	3	337,000
4	Accounts receivable, net	52,511	4	70,226
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of	·	I	
	Schedule L	ĺ	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ı	
	employers and sponsoring organizations of section 501(c)(9) voluntary		I	
_	employees' beneficiary organizations (see instructions)		6	
2 7	Notes and loans receivable, net		7	
7 8 8	Inventones for sale or use	5,798	8	5,665
⊄ 9	Prepaid expenses and deferred charges	11,348	9	11,508
10a	Land, buildings, and equipment cost or			
1	other basis Complete Part VI of Schedule D 10a 148, 688			
b	Less accumulated depreciation 10b 132,859	8,479	10c	15,829
11	Investments—publicly traded securities	26,553	11	27,031
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	36,215	14	14,061
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,284,513	16	1,404,389
17	Accounts payable and accrued expenses .	26,222	17	50,989
18	Grants payable .		18	
19	Deferred revenue	41,264	19	35,692
20	Tax-exempt bond liabilities		20	
21 B	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons.			
ן בֿ	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<u></u>
25	Other liabilities. Complete Part X of Schedule D	6D 406	25	- 06 601
26	Total liabilities. Add lines 17 through 25	67,486	26	86,681
es	Organizations that follow SFAS 117, check here ▶ X and complete			
2	lines 27 through 29, and lines 33 and 34.	000 600	1	000 000
27	Unrestricted net assets	937,698		882,963
28	Temporanly restricted net assets	260,154		415,570
29 29	Permanently restricted net assets	19,175	29	19,175
리	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
รี	complete lines 30 through 34.			
ပ္ည 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Net Assets of Fund Balances 22 28 29 30 31 32 33 34 33 34	Retained earnings, endowment, accumulated income, or other funds	1 017 007	32	1 045 500
5 33	Total net assets or fund balances	1,217,027	33	1,317,708
2 34	Total liabilities and net assets/fund balances	1,284,513	34	1,404,389

_	990 (2010) Assoc. for Research on Non-Profit 23-7378021 rt XI Reconciliation of Net Assets			га	ge 12
Га	Check if Schedule O contains a response to any question in this Part XI				
	Check it Schedule O contains a response to any question in this rant XI	<u> </u>		•	
1	Total revenue (must equal Part VIII, column (A), line 12)	11	8	67,	425
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	67,	223
3	Revenue less expenses. Subtract line 2 from line 1	3	10	00,:	202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	17, ⁱ	027
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>479</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1,3	<u>17, </u>	<u>708</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	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 in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				I
	Schedule O				İ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				l
	issued on a separate basis, consolidated basis, or both				•
	Separate basis Consolidated basis Both consolidated and separate basis				ŧ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Assoc. for Research on Non-Profit Organizations & Voluntary Action

Employer Identification number 23-7378021

P	<u>irt I</u>	Rease	on for Public Charity S	Status (All organizations	must co	omplete	this p	art.) S	<u>ee ins</u>	<u>tructio</u>	ns				
he	orgai	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	e box.)									
1		A church, con	evention of churches, or associate	ciation of churches described in	section 1	70(b)(1)(<i>А</i>	\)(i).								
2	П		cribed in section 170(b)(1)(A												
3	П			e organization described in section	on 170(b)	(1)(A)(iii).									
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,													
	city, and state														
5	\Box	• .	• ••	a college or university owned or	onerated	hy a gove	rnmenta	l unit de	scabed	ın		•			
J	ш	-	b)(1)(A)(iv). (Complete Part II	-	operated	by a gove	minenta		3011000	•••					
_	\Box	•	tate, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6	X				•	., ., .,	-	. 41		hl.a					
7	A	-	rganization that normally receives a substantial part of its support from a governmental unit or from the general public												
			nbed in section 170(b)(1)(A)(vi). (Complete Part II)												
8	H	-		0(b)(1)(A)(vi). (Complete Part II	•										
9	\Box	-	• , ,	more than 33 1/3% of its suppor				-		-					
				ot functions—subject to certain e						its					
			=	I unrelated business taxable inco			1 tax) fr	om busi	nesses						
	\Box	•	_	, 1975. See section 509(a)(2). (•	•									
10	Н	•	•	cclusively to test for public safety		•									
11	Ш	•	•	clusively for the benefit of, to pe				-							
				d organizations described in sect						tion					
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h														
	a Type I b Type II c Type III—Functionally integrated d Type III—Other														
е															
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)														
	or section 509(a)(2)														
f		-		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g						
		•	check this box										Ш		
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the									
		following per	sons?												
		(i) A persor	n who directly or indirectly con	itrols, either alone or together wi	th persons	s describe	d in (ii) a	ınd				Yes	No		
		(iii) belov	v, the governing body of the s	supported organization?							11g(i)	ļ	ļ		
		(ii) A family	member of a person describe	ed in (i) above?							. 11g(ii)		-		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?						•	11g(iii	<u></u>	<u></u>		
h		Provide the f	ollowing information about the	e supported organization(s)	1				·····						
(i)		e of supported	(ii) EIN	(ili) Type of organization		organization	(v) Did y	-		s the	(vii) Am				
	org	janization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	col (i)	nzation in of your	organızat (i) organı	zed in the	supp	JOΠ			
				(see instructions))	g		sup	ort?	U	57					
				· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No					
A)									1						
									-	\Box					
B)															
			,, <u>-</u>		 				-						
C)															
D)		_	-	<u></u>	 		·		 						
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E)					1										
-,			_		<u> </u>										
					1										
Γota					1										

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23-7378021 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	326,129	408,640	279,542	205,936	471,62	1,691,872
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	326,129	408,640	279,542	205,936	471,62	1,691,872
6	Public support. Subtract line 5 from line 4						1,691,872
_	tion B. Total Support				·		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	326,129	408,640	279,542	205,936	471,62	1,691,872
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,134	93,183	114,053	141,916	143,85	1 535,137
9	Net income from unrelated business activities, whether or not the business is regularly carned on						_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				725	1,22	0 1,945
11	Total support. Add lines 7 through 10						2,228,954
12	Gross receipts from related activities, etc. (see instructions)	_			12	250,742
13	First five years. If the Form 990 is for the	organization's first, s	second, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	
	organization, check this box and stop here						•
Sec	ction C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2010 (line 6,	column (f) divided b	oy line 11, column (f))		14	75.90%
15	Public support percentage from 2009 Sche	dule A, Part II, line	14	•		15	76.15%
16a	33 1/3% support test—2010. If the organiz	zation did not check	the box on line 13,	and line 14 is 33 1.	/3% or more, check	this	Comp
	box and stop here. The organization qualif						. ► X
b	33 1/3% support test—2009. If the organize	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organization	ation qualifies as a j	publicly supported o	organization .			▶ ∟
17a		_					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac organization	cts-and-circumstanc	ces" test The organ	ızatıon qualıfies as	a publicly supporte .	d	▶ [
b	10%-facts-and-circumstances test—200	_				e	
	15 is 10% or more, and if the organization i						
	Explain in Part IV how the organization med supported organization	ets the "facts-and-ci	rcumstances" test	The organization q	ualifies as a publicl	у	▶ [
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check t	this box and see		▶□

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

800	tion A. Public Support	quality under	ille lesis listeu	below, please	complete Fai	L 11.)		
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	, T	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2000	(b) 2007	(c) 2008	(u) 2009	(e) 201		(i) Total
2	grants *)	V						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					_		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge		•					
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Caler	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b		-					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					_		
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)		
	organization, check this box and stop here	·						<u> </u>
Sec	tion C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2010 (line 8,	column (f) divided	by line 13, column	(f))			15	%
16	Public support percentage from 2009 Sche	dule A, Part III, line	15 .				16	<u>%</u>
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	centage					
17	Investment income percentage for 2010 (liii		=	column (f)) .			17	%_
18	Investment income percentage from 2009						_18	
19a	33 1/3% support tests—2010. If the organ							. —
	17 is not more than 33 1/3%, check this bo		-					▶ [
b	33 1/3% support tests—2009. If the organ							. □
••	line 18 is not more than 33 1/3%, check thi		-		_			_
<u> 20</u>	Private foundation. If the organization did	not cneck a box of	ı iirie 14, 19a, or 19	o, cneck this box a	na see instructions	<u> </u>		<u></u>

DAA

Part IV		ental e 17a	Inforn	nation.	Complete Part III, line	this par	rt to p	rovide	the e	xplanatio	ons req	uired b	, line 10;	Page 4
Part 1	II, Line	10	- <u></u> o	ther	Income	Deta	ail							
Other	income	•					\$			725				
							•							
				•										
					•									
							•							
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			••											

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE D (Form 990)

DAA

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public

Inspection

Employer identification number Name of the organization Assoc. for Research on Non-Profit Organizations & Voluntary Action 23-7378021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? . . . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2010

(investment)

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

(other)

148,688

depreciation

132,859

15,829

1a Land **b** Buildings

d Equipment e Other

c Leasehold improvements

(6) (7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

ARN	OVA 02/14/2012 7.14 AM				
Sche	dule D (Form 990) 2010 Assoc. for Research on Non-Pro	fit	23-737802	1	Page 4
Pa	at XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	867,425
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	767,223
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	100,202
4	Net unrealized gains (losses) on investments			4	479
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8 _	
9	Total adjustments (net). Add lines 4 through 8			9	479
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		•	10	100,681
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	1,018,154
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	479		
b	Donated services and use of facilities	2b	150,250		
С	Recovenes of prior year grants	2c			
đ	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d		••	2ө	150,729
3	Subtract line 2e from line 1		,	3	867,425
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 XIV)	4b			
С	Add lines 4a and 4b			4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	867,425
PE	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per R	eturn	
1	Total expenses and losses per audited financial statements		•	1	917,473
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		ī		
а	Donated services and use of facilities	2a	150,250		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	<u> </u>		
е	Add lines 2a through 2d			2e	150,250
3	Subtract line 2e from line 1			3	767,223
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	767,223

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Fo					on	Non-Profit	23-7378021	Page 5
Part XIV	Suppleme	ntal Informa	tion (c	ontinued)		· · · · · · · · · · · · · · · · · · ·		
•								
	• •		•		• •			
••	•	• •	••••	•	••			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Assoc. for Research on Non-Profit Organizations & Voluntary Action

Employer identification number 23-7378021

Form 990, Part I, Line 6

In the year 2010/2011 ARNOVA continued its service to the field and achieved several important milestones.

First, our Journal, Nonprofit & Voluntary Sector Quarterly, is published six times per year. We are delighted to say that NVSQ continues to be most highly ranked Journal in nonprofit and voluntary sector studies, and is seeing increased submissions and subscriptions.

Our Conference in Alexandria, VA (held November, 2010) had a record number of attendees. We continued our work with the Symposium on Public Policy for Nonprofits and brought together key leaders and scholars around this topic in the fall of 2010 and again in the spring of 2011. An additional Workshop Series for New and Diverse Leadership was held during the year as well.

ARNOVA's greatest strength coninues to be found in the energy and commitment of our members. We support and facilitate their abilities to produce knowledge and teach in ways that serve the nonprofit sector and the wider world; and they support ARNOVA with their time and labor, as well as their money.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

As per the By-Laws there are two types of members, Individual and
Insititional. There are no stockholders.

Form 990, Part VI, Line 7a - Election of Members and Their Rights ARNOVA has two classes of members.

- 1. Individual Members: An individual member is a natual person and is entitled to vote for Directors and on other matters on which a member vote is required by law, the by-laws, or the articles of incorporation.
- 2. Institutional Members: An institutional member is an organization and is entitled to designate one natual person (by name or office) to vote in elections for Directors and on other matters on which a member vote is required by law, the by-laws, or the articles of incorporation.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Any changes to the By-Laws proposed by the Board of Directors, will be

voted upon by the membership. Voting members are described in line 7a of
this section.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is reviewed by the Executive Director and the Treasurer. Once these officers have approved of the format, the Form 990 is then reviewed by the Executive Committee of the Board of Directors. After the Executive Committee has reviewed the Form 990, the Executive Director is instructed to proceed with the filing of the Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The annual disclosure forms are submitted to the President of the Board for determination of whether any action is needed by the Board. Members are

Name of the organization

Assoc. for Research on Non-Profit

Employer identification number 23-7378021

to inform the President of any confilect of interest that arises after the forms are filed. All forms are stored at the ARNOVA office for periods of not less than seven years.

Form 990, Part VI, Line 15a - Compensation Process for Top Official.

The Executive Director's compensation is reviewed annually as part of the annual review process and annual budget approval process by the Executive Committee.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation 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 via written request by e-mail to jkitto@arnova.org, by fax to (317) 684-2128 or by regular mail to ARNOVA, 550 W. North St., Suite 301, Indianapolis, IN 46202.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

Assoc. for Research on Non-Profit Organizations & Voluntary Action

Identifying number 23-7378021

Busine	ess or activity to which this form relates									
I	ndirect Depreciati	lon								
Pa	rt I Election To Expen	se Certain Prop	erty Under Se	ction 179)			<u>-</u>		-
	Note: If you have a	•	•			compl	ete Par	t I.		
1	Maximum amount (see instructions		-						1	500,000
2	Total cost of section 179 property p		2							
3	Threshold cost of section 179 proper		3	2,000,000						
4	Reduction in limitation Subtract line		4							
5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero or	less, enter -0- If man	ned filing sepa	arately, see	e instructi	ons		5	
6	(a) Description		,	(b) Cost (bu				lected cost		
7	Listed property. Enter the amount for	rom line 29				7				
8	Total elected cost of section 179 pr		in column (c), lınes	6 and 7	•			-	8	
9	Tentative deduction Enter the sma		, ,,						9	
10	Carryover of disallowed deduction	from line 13 of your 20	009 Form 4562	•	•	•			10	<u> </u>
11	Business income limitation Enter the			than zero) o	r line 5 (s	ee ınstrı	uctions)		11	
12	Section 179 expense deduction Ad		•	-	•				12	
13	Carryover of disallowed deduction	•			▶ [13				
Note	: Do not use Part II or Part III below					•		-		, , , , , , , , , , , , , , , , , , , ,
Pa	art II Special Depreciati	ion Allowance a	nd Other Depr	eciation	(Do no	t inclu	de liste	d prope	rty.) (See instructions)
14	Special depreciation allowance for									
	during the tax year (see instruction:			•,,					14	
15										
16	Other depreciation (including ACRS	•							16	12,940
Pa	rt III MACRS Depreciat	•	de listed prope	ertv.) (Se	e instru	ctions	.)		•	
		•	Secti				•			
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning befo	re 2010					17	0
18	If you are electing to group any assets pl	laced in service during the	e tax year into one or	more general	asset acco	ounts, che	eck here			
		Assets Placed in Se							stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	entuse 📉	Recovery period	(e) Co	nvention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d			-							
е	15-year property	1								
f	20-year property	1								
<u> </u>	25-year property	1			25 yrs			S/L		
	Residential rental	ļ			7.5 yrs	N	1M	S/L		
	property				7 5 yrs		1M	S/L		
i	Nonresidential real			3	39 угѕ		1M	S/L		
·	property		· · · · · · · ·		<u>/</u>	N	1M	S/L		
	Section C—A	ssets Placed in Serv	rice During 2010 T	ax Year Us	ing the A				ystem	
20a	Class life					j		S/L	_	
	12-year	1			12 yrs			<u>5/L</u> S/L		
	40-year				40 yrs	l N	ИΜ	S/L		· · · · · · · · · · · · · · · · · · ·
	art IV Summary (See ins	tructions.)								
<u></u> 21	Listed property Enter amount from		 						21	
22	Total. Add amounts from line 12, li	•	es 19 and 20 in co	lumn (a). an	nd line 21.	Enter h	ere			
_	and on the appropriate lines of you	_							22	12,940
23	For assets shown above and place							·		
	portion of the basis attributable to s	=				23				
For F	Paperwork Reduction Act Notice.		tions.				-			Form 4562 (2010