A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

DLN: 93493133031944

Form **990**

Department of the Treasury

Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public
Inspection

D Employer identification number B Check if applicable Name of organization ASSOCIATION FOR RESEARCH ON NON-PROFIT Address change ORGANIZATIONS & VOLUNTARY ACTION 23-7378021 Doing Business As ☐ Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 550 WEST NORTH STREET NO 301 Terminated (317)684-2120 City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46202 Amended return Application pending G Gross receipts \$ 462,893 Name and address of principal officer Is this a group return for SHARIQ SIDDIQUI ┌ Yes 🗸 No affiliates? 550 WEST NORTH STREET INDIANAPOLIS, IN 46202 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► WWW ARNOVA ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1971 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities ASSOCIATION FOR RESEARCH ON NONPROFIT ORGANIZATIONS AND 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 REASEARCH ON NONPROFIT ORGANIZATIONS, VOLUNTARY ACTION, PHILANTHROPY, AND CIVIL SOCIETY ARNOVA IS A NEUTRAL, Governance OPEN FORUM COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE Activities & 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 15 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 15 0 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 135 6 Total number of volunteers (estimate if necessary) . . . 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 157,913 158,334 Program service revenue (Part VIII, line 2g) 330,415 184,860 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 8,196 1,792 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 913 117,907 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 497,437 462,893 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 13 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 242,518 129,523 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 ь Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{4,492}{}$ 17 371,999 501,592 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 614,517 631,115 19 Revenue less expenses Subtract line 18 from line 12 -117,080 -168,222 88 **Beginning of Current** End of Year Year 1,050,051 20 1,222,078 Total assets (Part X, line 16) . . . 21 63,630 59,964 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1.158.448 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ***** 2014-05-13 Signature of officer Sign Here SHARIQ SIDDIQUI EXECUTIVE DIRECTOR Print/Type preparer's name AMANDA MEKO CPA reparer's signature Check I If P01062615 self-employed Paid ► GREENWALT CPAS INC Fırm's EIN 🟲 35-1489521 Preparer

Firm's address > 5342 W VERMONT STREET

INDIANAPOLIS, IN 46224

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

Use Only

Phone no (317) 241-2999

Form	1990 (2012)				Page 2
Par		ent of Program Service and chedule O contains a response	Accomplishments e to any question in this Part III .		
EDU PHII ASS ORG	Briefly describe OVA IS A LEADII CATION THE CRE ANTHROPY, CIV OCIATION THAT ANIZATIONS, VO IMITTED TO STRI Did the organizat the prior Form 99 If "Yes," describe Did the organizat services? If "Yes," describe Describe the org	the organization's mission NG INTERDISCIPLINARY CO EATION, APPLICATION, AND IL SOCIETY, AND VOLUNTA CONNECTS SCHOLARS, TEA DLUNTARY ACTION, PHILAN ENGTHENING THE RESEARC tion undertake any significant p 0 or 990-EZ? e these new services on Sched tion cease conducting, or make e these changes on Schedule O anization's program service ac-	MMUNITY OF PEOPLE DEDICATED DISSEMINATION OF KNOWLEDG RY ACTION ARNOVA IS THE US - ACHERS, AND PRACTICE LEADERS THROPY, AND CIVIL SOCIETY AR H ABOUT AND HELPING BETTER P Program services during the year which ule O significant changes in how it conduct	D TO FOSTERING THROUGH E ON NONPROFIT ORGANIZ BASED, NATIONAL AND IN SINTERESTED IN REASEAR RACTICE IN THESE REALMS Ch were not listed on	RESEARCH AND CATIONS, TERNATIONAL CH ON NONPROFIT I FORUM S Yes Vo
	•	es, and revenue, if any, for each	•	amount of grants and anocation	ons to others,
4a	ORGANIZATIONS, V ORGANIZATIONS AN	VHILE PROVIDING NONPROFIT PROFE	388,054 including grants of \$ INTERESTS, HELPING SCHOLARS GAIN INSIGNORMS SSIONALS WITH CONNECTIONS TO RESEARCH AND COMMITTEES PRINCIPAL ACTIVITIES DUPS	H THEY CAN USE TO IMPROVE THE W	VORK OF THEIR
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

4d

4e

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

including grants of \$

388,054

) (Revenue \$

Dart TV	Checklist o	f Dequired	Schodules
2	Checklist o	r keauirea	Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{2}$	10	Yes	
L1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
L3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13	_	No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
L5	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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
L6	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		No
L7	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		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	(2012)			i age -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than $$5,000$ of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? 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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

r G I	Check if Schedule O contains a response to any question in this Part V			
	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 32			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Νo
b	If "Yes," enter the name of the foreign country 🕨			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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 organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax 1a 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? .. Nο 6 Yes Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Yes 13 Yes Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶SHARIQ SIDDIQUI 441 WEST MICHIGAN STREET INDIANAPOLIS, IN (317)684-2120

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) FRANCIE OSTROWER PRESIDENT	1 00	х		Х				0	0	
(2) NUNO S THEMUDO	1 00	х		х				0	0	
SECRETARY (3) LINDA PARSONS	1 00	×		×				0	0	
TREASURER (4) ROSEANNE MIRABELLA	1 00	x		x				0	0	
PAST-PRESIDENT (5) ANGELA BIES	1 00	x						0	0	
DIRECTOR (6) H WOODS BOWMAN	1 00	x						0	0	
DIRECTOR (7) JOANNE CARMAN	1 00									
DIRECTOR 8) HECTOR CORDERO-GUZMAN	1 00	Х						0	0	
DIRECTOR 9) ANGELA EIKENBERRY	1 00	×						0	0	
DIRECTOR (10) CHAO GUO	1 00	Х						0	0	
DIRECTOR		х						0	0	
(11) Chulhee Kang Director	1 00	х						0	0	
(12) JUDITH MILLESEN DIRECTOR	1 00	×						0	0	
13) CARL MILOFSKY DIRECTOR	1 00	х						0	0	
14) JESSICA SOWA	1 00	х						0	0	
DIRECTOR 15) MARK SIDEL	1 00	х						0	0	
DIRECTOR 16) SHARIQ SIDDIQUI	40 00			×				0	0	
EXECUTIVE DIRECTOR 17) THOMAS H JEAVONS	40 00									
FORMER EXECUTIVE DIRECTOR				Х				87,805	0	17,74 Form 990 (2012

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

	(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportabl compensat from relate organizatio	ion ed ins	Estim amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/109 MISC)	9-	organiz and re organiz	lated
(18)	KATHA KISSMAN	40 00			Ţ				70.716				0
INTE	RIM EXECUTIVE DIRECTOR				Х				70,716		0		U
		_				┝							
1b	Sub-Total			•		_	P				T		
c	Total from continuation sheets to Pa	art VII, Section A					▶ _						
d	Total (add lines 1b and 1c)						 -		158,521		0		17,747
2	Total number of individuals (including \$100,000 of reportable compensation)				ed al	bov	e) who	rec	eived more than				
												Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedul			e, ke	y em	nplo	yee, o	r hig	hest compensate	ed employee			l
	For any individual listed on line 1a, is			•	•	•					3		No
4	organization and related organization	•							•	om the			
	ındıvıdual					•		•			4		No
5	Did any person listed on line 1a rece services rendered to the organization								_	ndıvıdual for • • •	5		No
_	ection B. Independent Contrac	**************************************											
1	Complete this table for your five high compensation from the organization	est compensated	•									tax year	
	Name an	(A) d business address							Descript	(B) on of services		(C Comper	
	Hame an								Безепри	5. 55171665		элпрег	
											\dashv		
	Total number of independent contracto	urs (including hut	not lim	ıted 1	to th	1056	lister	d aho	ve) who received	I more than			

\$100,000 of compensation from the organization ▶0

Panty		Check if Schedule O cor	ntains a respor	nse to any question	in this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
χ£	1a	Federated campaigns .	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	84,509				
ية ج	c	Fundraising events .	1c					
ffs,	d	Related organizations .	1d					
5 ∺	l e	Government grants (contribut						
Sin				72.025	-			
iệ iệ	f	All other contributions, gifts, g similar amounts not included		73,825				
훈통	g	Noncash contributions include 1a-1f \$	ed in lines	İ				
g g	۱,	Total. Add lines 1a-1f			158,334			
<u>o</u> e	<u> </u>	Total. Add lilles 14 11		· · · •				
e E		CONFEDENCE FEEC		Business Code				
Program Service Revenue	2a	CONFERENCE FEES		900099	168,860	168,860		
28	Ь	PUBLICATIONS AND ROYAL		900099	16,000	16,000		
A C	C .							
ķ	d							
Ē	e							
8	f	All other program service	e revenue					
Δ	g	Total. Add lines 2a-2f		🕨	184,860			
	3	Investment income (inc			1,792			1,79
	١.	and other similar amoun			1,732			1,73
	4	Income from investment of to		proceeds	53,671			53,67
	5		Real	(II) Personal	33,071			33,07
	6a	Gross rents (1)	Keai	(II) Fersonal				
	Ь р	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental income or (lo		.				
	7a	Gross amount (1) Se	curities	(II) Other				
	'ª	from sales of assets other						
		than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	ď	Net gain or (loss)						
	1	Gross income from fund	1	· · · · · · · · · · · · · · · · · · ·				
Other Revenue		events (not including \$	-					
Š		of contributions reported See Part IV, line 18						
ις		555 / 416 17 / 1116 15	a a					
<u>=</u>	Ь	Less direct expenses	ь					
ರ	c	Net income or (loss) fro	m fundraising	events 🛌				
	9a	Gross income from gam						
		See Part IV, line 19 .						
	١,	Less direct expenses						
	ا ر	Net income or (loss) fro	l.	vities				
	1	Gross sales of inventory	1	, , , , , , , , , , , , , , , , , , ,				
		returns and allowances						
			a					
	1	Less cost of goods sold						
	_ c	Net income or (loss) fro						
	1.	Miscellaneous Revenu		Business Code 900099	62,548	62,548		
	I .	INSURANCE PROCEED	DS, EM	900099	1,688	1,688		
	Ь	MISCELLANEOUS		900099	1,688	1,088		
	C .							
	d	All other revenue		_				
	e	Total. Add lines 11a-11	ıd	•	64,236			
	12	Total revenue. See Inst	ructions .	🛌	462,893	249,096	0	55,46

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must com	nlete column (A)	
Section	Check if Schedule O contains a response to any question in this Pa	_	-	piete column (A)	
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	58,259	42,106	13,576	2,577
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	35,093	21,210	13,573	310
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,171	25,469	9,143	1,559
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	77,596	15,030	62,566	
ь	Legal	13,783		13,783	
С	Accounting	40,252		40,252	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	32,176	21,619	10,511	46
14	Information technology	13,839	13,764	75	
15	Royalties				
16	Occupancy	12,044		12,044	
17	Travel	19,610	12,546	7,064	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	170,056	170,056		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,944		11,944	
23	Insurance	4,012		4,012	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SCHOLARSHIPS AND AWARDS	44,400	44,400		
b	BANK, MERCH SVS & ADMIN	29,185		29,185	
c	DIVERSITY INITIATIVE	21,040	21,040		
d	COLLABORATION	9,062		9,062	
e	All other expenses	2,593	814	1,779	
25	Total functional expenses. Add lines 1 through 24e	631,115		238,569	4,492
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F [if following SOP 98-2 (ASC 958-720)				,

Form 990 (2012) Page **11 Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 782,336 678,705 1 1 2 2 Savings and temporary cash investments . . 12,000 0 3 3 Pledges and grants receivable, net 4 71,627 4 18,103 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 7 5 538 5,472 8 Inventories for sale or use 8 19,430 25.801 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 38.594 Part VI of Schedule D 10a 23,970 10b 24,798 14,624 b Less accumulated depreciation . . 10c 27.586 27.813 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 . . . 13 13 Investments—program-related See Part IV, line 11 . . Intangible assets 14 14 278,763 279,533 15 15 1,222,078 16 1,050,051 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 33,158 22,986 17 17 18 18 19 30,472 19 36,978 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 63,630 26 59,964 26 **Total liabilities.** Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Fund Balance lines 27 through 29, and lines 33 and 34. 27 811,905 795,065 27 327,368 175,847 28 28 Temporarily restricted net assets . . . 19,175 19,175 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and Assets or complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

볼

33

34

990,087

1.050.051

1,158,448

1.222.078

33

34

orm 990
(2012)

~	
a	
g	
е	
ш	
N	

1 Total revenue (must equal Part VIII, column (A), line 12)	
	Part X, line 33,
	ın (A))
Total revenue (must equal Part VIII, column (A), line 12)	
Total revenue (must equal Part VIII, column (A), line 12)	

her ·	oʻ ·	Check if Schedule O contains a response to any question in this Part XII
Yes	Yes	I Yes
· · · · · · · · · · · · · · · · · · ·		I
	her	I
	her .	I · · · · · · · · · · · · · · · · · · ·
· - - - - -		I
· - - - -		I
.	her	I
	her	I
.	her	I
.	her .	other
	her ·	Tother .

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

a separate basis, consolidated basis, or both If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on Separate basis Consolidated basis igcaps Both consolidated and separate basis

Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

2Ь

Yes

2a

2 0

Separate basis Consolidated basis ☐ Both consolidated and separate basis

basis, consolidated basis, or both

If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

20

Yes

Şα 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?

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

3Ь Şα

N 0

Form 990 (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133031944

OMB No 1545-0047

Inspection

Employer identification number

23-7378021

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

		Reason for Fabric Charley States (All organizations mast complete this part.) See instructions.
The	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	\sqcap	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the
	_	hospital's name, city, and state
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II)
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	굣	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	\sqcap	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check
		the box 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 - Non-functionally integrated
_	_	
e	ı	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or
		section 509(a)(2)
•		If the organization received a written determination from the IDS that it is a Type II Type III or Type III cupporting organization

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organiza check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is to organizate col (i) listo your gove docume	ion in ted in rning	(v) Did you the organiz in col (i) o suppor	zation of your	(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

	oction 7 ti abite oupper c							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its							
2	behalf The value of services or facilities	-					\longrightarrow	
3	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							
6	(f) Public support. Subtract line 5 from						$\overline{}$	
	line 4							
	ection B. Total Support							
Cale	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20:	12	(f) Total
7	in) ► A mounts 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							
10	on Other income Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part IV)						\longrightarrow	
11	Total support (Add lines 7 through							
12	10) Gross receipts from related activiti	es. etc (see insti	ructions)			12		
13	First five years. If the Form 990 is	, ,	•	. third. fourth, or i	fifth tax vear as a		organi	zation, check
	this box and stop here							
	ection C. Computation of Pub							
14	Public support percentage for 2012		• •	11, column (f))		14		
15	Public support percentage for 2011	Schedule A, Par	t II, line 14			15		
16a	33 1/3% support test—2012. If the	-		•	ine 14 is 33 1/3%	or more, c	neck th	
h	and stop here. The organization qua 33 1/3% support test—2011. If the				and line 15 is 33	1/30% or mo	ore cho	eck this
_	box and stop here. The organization				4114 11116 13 13 33	1,5 70 01 1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•F
17a	10%-facts-and-circumstances test-				, ,	,		
	is 10% or more, and if the organiza							
	in Part IV how the organization mee	ets the racts-and	ı-cırcumstances"	test ine organi:	zation qualifies as	a publicly	suppo	rted ►
b	10%-facts-and-circumstances test-	–2011. If the orga	anızatıon dıd not c	heck a box on lir	ne 13, 16a, 16b, o	or 17a, and	line	F1
	15 is 10% or more, and if the organ	nzation meets the	e "facts-and-cırcı	ımstances" test,	check this box ai	nd stop he i	re.	
	Explain in Part IV how the organiza	tion meets the "fa	acts-and-circums	tances" test Th	e organization qua	alıfıes as a	public	· —
18	supported organization Private foundation. If the organizat	ion did not check	a box on line 13	. 16a. 16b. 17a	or 17b, check this	box and s	ee	► I
		ala not check	Cabox on time 13,	, 100, 100, 170,	o. z / b, check tills	, 50% alia 5		

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	176,939	205,936	471,625	109,038	:	158,334	1,121,872
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt							
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	269,010	219,411	251,571	253,075	-	222,531	1,215,598
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	445,949	425,347	723,196	362,113		380,865	2,337,470
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
c	Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							2,337,470
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
9	A mounts from line 6	445,949	425,347	723,196	362,113	3	380,865	2,337,470
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,053	141,916	143,851	134,411		55,463	589,694
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b Net income from unrelated business activities not included	114,053	141,916	143,851	134,411		55,463	589,694
12	In line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part		725	1,220	913		1,688	4,546
13	Total support. (Add lines 9, 10c,	560,002	567,988	868,267	497,437	4	138,016	2,931,710
14	11, and 12) First five years. If the Form 990 is form	or the organizatio	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	
	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage					▶
15	Public support percentage for 2012	(line 8, column (f	divided by line	13. column (f))		15		 79 730 %
16	Public support percentage from 201			20, 0014 (1,)		16		7 9 7 3 0 70
Se	ction D. Computation of Inve	stment Incor	ne Percentag	je				
17	Investment income percentage for 2	012 (line 10c, co	lumn (f) dıvıded b	y line 13, colum	n (f))	17		20 110 %
18	Investment income percentage from					18		
19a b	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a 33 1/3% support tests—2011. If the is not more than 33 1/3%, check this	nd stop here. The organization did r	organization qua not check a box o	alıfıes as a publıc ın lıne 14 or lıne	ly supported org 19a, and line 16	anızatıon ıs more th	nan 33 1	►✓

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 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133031944

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	the organization ON FOR RESEARCH ON NON-PROFIT		Emp	loyer identifica	tion numbe	er
	TIONS & VOLUNTARY ACTION		23-7	7378021		
art I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.				
T - 1 - 1		(a) Donor advised funds	-	(b) Funds and o	tner accou	ints
	I number at end of year		_			
	egate contributions to (during year)		-			
	egate grants from (during year)		-			
	egate value at end of year					
	the organization inform all donors and donor advisors are the organization's property, subject to the or	-	nor advı	sed	┌ Yes	┌ No
used	the organization inform all grantees, donors, and do I only for charitable purposes and not for the benef erring impermissible private benefit?				┌ Yes	┌ No
rt II	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV	, line 7.	
☐ P ☐ P ☐ Com	ose(s) of conservation easements held by the orgoverservation of land for public use (e g , recreation or orgoverservation of natural habitat or orgoverservation of open space plete lines 2a through 2d if the organization held a	or education) Preservation of a	certifie	d historic struct	ture	
ease	ment on the last day of the tax year					
				Held at the	End of the	Year
	I number of conservation easements		2a			
	l acreage restricted by conservation easements		2b			
	ber of conservation easements on a certified histo	• •	2c			
	ber of conservation easements included in (c) acq oric structure listed in the National Register	uired after 8/17/06, and not on a	2d			
Num	ber of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization (during	
the t	ax year 🗠					
Num	ber of states where property subject to conservati	on easement is located ►				
	s the organization have a written policy regarding t rcement of the conservation easements it holds?	he periodic monitoring, inspection, han	ıdlıng of	violations, and	☐ Yes	┌ No
Staff ►	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments d	luring the year		
^						
	unt of expenses incurred in monitoring, inspecting	, and emorcing conservation easement	.s auring	y the year		
	s each conservation easement reported on line 2(o section 170(h)(4)(B)(ii)?	i) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	┌ Yes	⊏ No
In Pa balar	art XIII, describe how the organization reports cor nce sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia			and	,
	Organizations Maintaining Collection		or Otl	her Similar /	 Assets	
	Complete if the organization answered "Y		0. 0	iici oiiiiidi i	1550151	
work	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furthera		
work	e organization elected, as permitted under SFAS 1 is of art, historical treasures, or other similar asse ice, provide the following amounts relating to thes	ts held for public exhibition, education,				lıc
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$		
(ii) ∆	Assets included in Form 990, Part X					
Ifthe	e organization received or held works of art, histor wing amounts required to be reported under SFAS					
	enues included in Form 990, Part VIII, line 1	, , ,		> \$		
				· +		

Assets included in Form 990, Part X

Part IV Inc 9, or reported an amount on Form 990, Part X, line 21. Is its nerganization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes, explain the arrangement in Part XIII and complete the following table Additions during the year Additions during the year Distributions during the year If Ending balance If Ending balance If Finding balance If Form 990, Part X, line 21? Yes No If *Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Finding balance If Form 990, Part X, line 21? Finding balance If Form 990, Part X, line 21? Finding balance If Some Part V in the organization include an amount on Form 990, Part X, line 21? Finding balance If Some Part V in the organization include an amount on Form 990, Part X, line 21? Finding balance If Yes No On In *Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Finding balance If Yes No On In *Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Finding balance If Yes No On the organization include an amount on Form 990, Part X, line 21? Find of Yes a balance If Yes No On the Administrative explains back (e)Four years back (e)Four year	Part	Organizations Maintaining Co	ollections of Art	, His	tori	cal Tre	asur	es, or Ot	her	Similar	Asse	ts (co	ntınued)
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XIV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV Ine 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII and complete the following table If Amount I.c.	3		sion, and other recor	ds, cl	heck a					significant	use of	its	
c	а	Public exhibition		d	Γ	Loan or	rexch	ange progra	ms				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990 Part X? If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII (beck here lift the explanation has been provided in Part XIII	b	Scholarly research		e	Γ	Other							
During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII captive Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Tivo years back (d)Time years back (d)Four years back (d)Time	c	Preservation for future generations											
Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 If	4	•	ollections and expla	ın ho	w they	further	the or	ganızatıon's	exe	empt purpo	se in		
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year 1 Ind	5	assets to be sold to raise funds rather than	to be maintained as	part	of the	organıza	atıon's	collection?					┌ No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C	Par		•			_		answered	"Ye	es" to For	m 990),	
Additional during the year Additional during the year Ida		included on Form 990, Part X?					ions or	r other asse	ts n	ot	Γ	Yes	┌ No
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Part ▼ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. Part ▼ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance	b	If "Yes," explain the arrangement in Part XI	II and complete the	TOIIO	wing to	abie					Amou	ınt	
Ending balance 1	c	Beginning balance							lc				
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (b) (c) Two years back (d) Three	d	Additions during the year						1	.d				
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Reginning of year balance (a)Current year (b)Pnor year b (c)Two years back (d)Three years back (d)Endowner years b	e	Distributions during the year						1	.е				
Part V Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization has been provided in Part XIII	f	Ending balance						_ 1	lf				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Ca)Current year (b)Pnor year b (c)Two years back (d)Three years back (e)Four years back (e)Four years back (d)Three years back (e)Four years (e)Fou	2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?	•						\vdash	Yes	┌ No
(a)Current year (b)Pror year b (c)Two years back (d)Three years back (e)Four years back (d)Three years (d)The years (d)Three years (d)The years (d)Three years (d)The years	b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anatıo	n has be	een pro	ovided in Pa	rt X	III			\vdash
Beginning of year balance	Pa	rt V Endowment Funds. Complete											
b Contributions			_ ` ` _ ' _ 	(b)Prior y		(c) Tw	· ·	(d)⊺)Four ye	
C Net investment earnings, gains, and losses 23 181 120 950 d Grants or scholarships			20,426			20,245		20,125		19	.1/5		19,175
d Grants or scholarships													
e Other expenditures for facilities and programs	C	Net investment earnings, gams, and losses	23			181		120			950		
and programs	d	Grants or scholarships											
g End of year balance	е	and programs											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Permanent endowment 93 770 % Temporarily restricted endowment 6 230 % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations		•	20.440			20.426		20.245		20	125		10.175
Board designated or quasi-endowment permanent endowment 93 770 % Temporarily restricted endowment 6 230 % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	•	,							20,	125		19,175
Permanent endowment 93 770 % Temporarily restricted endowment 6 230 % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the cu	rrent year end baland	ce (lır	ne 1g,	column	(a)) he	eld as					
Temporarily restricted endowment 6 230 % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	· ·											
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	Ь	Permanent endowment ► 93 770 %											
organization by (i) unrelated organizations	C	remporarily restricted endowment F											
(i) unrelated organizations	За	· · · · · · · · · · · · · · · · · · ·	ession of the organiza	atıon	that a	re held	and ad	lmınıstered	for t	he			
(ii) related organizations		·									20(1)	Yes	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?		•		•					•				
4 Describe in Part XIII the intended uses of the organization's endowment funds	ь	· · ·		d on 9	 Sched	ule R?							
- Besenbe in that All the interface ases of the organization's endowment failes	4	Describe in Part XIII the intended uses of t	he organization's en	dowm	nent fu	ınds							
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Pa	art X,	line 10).						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation		Description of property										(d) Bo	ook value
1a Land	1a	Land		•									
b Buildings	b	Buildings											
c Leasehold improvements	С	Leasehold improvements											
d Equipment	d	Equipment						9,	444				9,444
e Other				•			24.1.1	29,	150		23,970		5,180

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line :	12.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
2)Closely-held equity interests Other		
other		
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of elia-of-year market value
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Des	cription	(b) Book value
(1) OTHER INVESTMENTS, CERTIFICATES OF DEPO	SIT	279,53
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
		▶ 279,53
	(b) Book value	
	(2, 200), value	-
Federal income taxes		-
See Additional Data Table		4
		1
		4
		1
		1
		_
		4
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	613,004
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	150,111
3	Subtract line 2e from line 1	3	462,893
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)	1	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	462,893
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	781,365
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII).............. 2d		
e	Add lines 2a through 2d	2e	150,250
3	Subtract line 2e from line 1	3	631,115
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 XIII)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I line 18)	5	631.115

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ARNOVA'S ENDOWMENT CONSISTS SOLEY OF ONE DONOR RESTRICTED FUND THAT WAS ESTABLISHED 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 RESTRICTIONS
		ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS ARNOVA INDIVIDUALLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY ARE IN COMPLIANCE WITH ITS EXEMPT PURPOSE MANAGEMENT DOES NOT BELIEVE IT HAS ENGAGED IN ANY ACTIVITIES THAT WOULD CREATE UNCERTAIN TAX POSITIONS ALL TAX PERIODS PRIOR TO 2009 ARE NO LONGER SUBJECT TO EXAMINATION

efile GRAPHIC print - DO NOT PROCESS

Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493133031944

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

Employer identification number

23-7378021

			Yes	No
1a				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard	- I		
	First-class or charter travel Travel for companions Housing allowance or residence for Payments for business use of personance.	·		
	Tax idemnification and gross-up payments Health or social club dues or initia			
	Discretionary spending account Personal services (e.g., maid, cha			
	, Discretionary spending decount , Telsonal services (e.g., maid, end	uneur, enery		
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred to directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	oy all officers,		
3	Indicate which, if any, of the following the filing organization used to establish the compensatio organization's CEO/Executive Director Check all that apply Do not check any boxes for meth used by a related organization to establish compensation of the CEO/Executive Director, but e	ods		
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compens	ation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line $\bf 1a$ with respect to or a related organization	the filing organization		
а	a Receive a severance payment or change-of-control payment?	4 a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	in Part III		
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
5		any		
	compensation contingent on the revenues of			
а	a The organization?	5a		Νo
b	b Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the net earnings of	any		
а	a The organization?	6a		Νo
b	b Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any n payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed 7		No
8	, , , , , , , , , , , , , , , , , , , ,			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If in Part III	,		
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ section 53 4958-6(c)?	ped in Regulations		

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

			(A) Name and Title
compensation	Compensation	(i) Race	(B) Breakdown of
compensation	incentive	(ii) Bonus &	(B) Breakdown of W-2 and/or 1099-MISC compensatior
compensation	reportable	(iii) Other	C compensation
	compensation	other deferred	(C) Retirement and
		benefits	(D) Nontaxable
		(B)(ı)-(D)	(E) Total of columns (F) Compensation
	ın prıor Form 990	reported as deferred	(F) Compensation

Schedule J (Form 990) 2012

Part III Supplemental Information	mation	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3,	mation, explanation, or descriptions re	equired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information	nal information	
Identifier	Return Reference	Explanation
	PART I, LINE 3	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

Schedule J (Form 990) 2012

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

Employer identification number

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	·
	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 APP ROVAL BY A VOTE OF THE AFFECTED MEMBERS AND EACH AMENDMENT OF THE BYLAWS REQUIRES 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 11	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 SIGNS THE RETU RN 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 REV IEWS AND THE FORMS ARE FILED ANNUALLY AT THE NOVEMBER MEETING, NEWLY ELECTED MEMBERS PROV IDE THEIR FORMS DURING MEETINGS, IF A CONFLICT EXISTS, CONFLICTED MEMBERS RECUSE THEMSELV ES 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
INCOME FROM INSURANCE PROCEEDS, EMPLOYEE DISHONESTY LOSS	FORM 990, PART VIII, LINE 11A	IN 2011, THE ASSOCIATION FOR RESEARCH ON NONPROFIT ORGANIZATIONS AND VOLUNTARY ACTION (ARN OVA) WAS THE VICTIM OF EMBEZZLEMENT BY ITS FORMER EMPLOYEE, WHO WAS BELIEVED TO BE A DISQU ALIFIED PERSON, RESULTING IN A DEFALCATION OF APPROXIMATELY \$56,000 THE ORGANIZATION HIRE D A CERTIFIED FRAUD EXAMINER AND SECURED REIMBURSEMENT OF THE AMOUNT INVOLVED IN MAY 2013 THE AMOUNT ON THE ABOVE LINE ITEM RELATES TO INSURANCE PROCEEDS FROM THIS EVENT
AUDIT OVERSIGHT	FORM 990, PART XII, LINE 2C	THE PROCESS REMAINS UNCHANGED FROM PRIOR YEARS
EXPLANATION OF DONATED SERVICES AND USE OF FACILITIES	SCHEDULE D	PROFESSIONAL EDITORIAL SERVICES RELATED TO THE PUBLICATION OF THE NVSQ ARE PROVIDED BY VOL UNTEERS WHO CONTRIBUTE THEIR TIME TO ARNOVA THE ORGANIZATION HAS VALUED AND RECORDED THES E SERVICES WHICH MEET THE CRITERIA FOR RECOGNITION AND ARE NECESSARY FOR IT TO CARRY OUT I TS PROGRAMS DURING FISCAL YEAR 2013, THE VALUE OF CONTRIBUTED SERVICES AMOUNT IS \$150,250 , AND HAS APPROPRIATELY BEEN EXCLUDED FROM THE REVENUES AND EXPENSES REPORTED ON THE FORM