

Form **990-EZ****Short Form
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)

OMB No. 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01/08 , and ending 6/30/09				
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Assoc. for Research on Non-Profit Organizations & Voluntary Action		D Employer identification number 23-7378021
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 550 W. North Street 301		E Telephone number 317-684-2120
		City or town, state or country, and ZIP + 4 Indianapolis IN 46202		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.arnova.org		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **561,602**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	176,939
	2	Program service revenue including government fees and contracts	2	166,407
	3	Membership dues and assessments See Statement 1	3	102,603
	4	Investment income	4	114,653
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
Expenses	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► See Statement 2)	8	1,000
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	561,602
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	233,569
Net Assets	13	Professional fees and other payments to independent contractors	13	80,960
	14	Occupancy, rent, utilities, and maintenance	14	30,440
	15	Printing, publications, postage, and shipping	15	51,506
	16	Other expenses (describe ► See Statement 3)	16	213,882
	17	Total expenses. Add lines 10 through 16 ►	17	610,357
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-48,755
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,261,103
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	1,212,348

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,006,077	22	1,118,689
23	Land and buildings	32,322	23	21,371
24	Other assets (describe ► See Statement 4)	311,885	24	164,849
25	Total assets	1,350,284	25	1,304,909
26	Total liabilities (describe ► See Statement 5)	89,181	26	92,561
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,261,103	27	1,212,348

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

Form **990-EZ** (2008)

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 6070, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Assoc. for Research on Non-Profit Organizations & Voluntary Action	Employer identification number 23-7378021
	Number, street, and room or suite no. If a P.O. box, see instructions. 340 W. Michigan Ave, Canal Level A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Indianapolis IN 46202	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6870 |

- The books are in the care of ▶ **ARNOVA**

Telephone No. ▶ **317-684-2120**FAX No. ▶ **317-684-2128**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **5/17/10** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

Education and Research

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) See Statement 6		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	439,398
32 Total program service expenses (add lines 28a through 31a)	32	439,398

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
c/o ARNOVA	President	0	0	0
c/o ARNOVA	Secretary	0	0	0
c/o ARNOVA	Treasurer	0	0	0
c/o ARNOVA	Past Pres.	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Board Member	0	0	0
c/o ARNOVA	Exec. Dir.	90,413	29,718	0
	40			

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr.	37a	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	IN	
42a The books are in care of	ARNOVA	
550 W. North Street, Suite 301		
Located at	Indianapolis, IN	
Telephone no.	317-684-2120	
ZIP + 4	46202	
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors each receiving over \$100,000 ▶

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.

Sign Here

Signature of officer: Thomas H. Jeavons Date: 5/10/2010

Type or print name and title: Executive Director

Paid Preparer's Use Only

Preparer's signature: Sandra E. Ray CPA Date: 5/10/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): P00406451

Firm's name (or yours if self-employed), address, and ZIP + 4: Sandra E. Ray, CPA, PC
P.O. Box 190
Zionsville, IN 46077-1848

EIN: Phone no.: 317-733-6198

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes ☐ No ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	722,102	126,281	326,129	408,640	279,542	1,862,694
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 Total. Add lines 1-3	722,102	126,281	326,129	408,640	279,542	1,862,694
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						1,862,694

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	722,102	126,281	326,129	408,640	279,542	1,862,694
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,151	29,768	42,134	93,183	114,053	337,289
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,199,983
12 Gross receipts from related activities, etc. (see instructions)					12	795,961
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	84.6686 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	90.6399 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
c 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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Form

4562Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2008Attachment
Sequence No. **67**

▶ 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

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,684

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	19,684
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

There are no amounts for Page 2

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
Membership Dues	\$ 102,603
Total	\$ 102,603

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Advertising	\$ 1,000
Total	\$ 1,000

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	8,047
Conferences/Meetings	144,159
Insurance	6,093
Bank, Merch Svs. & Admin	14,674
Board Expenses	2,648
Diversity Initiative	2,963
Scholarships & Awards	31,125
Section Expenses	3,676
Website Expenses	497
Total	\$ 213,882

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Grants Receivable	\$ 261,960	\$ 75,000
Accounts Receivable	33,842	40,460
Inventories for Sale or Use		6,009
Prepaid Expenses and Deferred Charges	16,083	23,427
Cash Held by Third Party		19,953
	311,885	164,849

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 35,716	\$ 32,940
Deferred Revenue	53,465	59,621
	89,181	92,561

Federal Statements**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

Provision to members of journal, quarterly abstracts, quarterly newsletters, and access to electronic discussion groups detailed in Exhibit A

Exhibit A for Statement 6 Form 990 EZ

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.

In 2009 we celebrated the following accomplishments:

- Our Conference in Cleveland drew bringing 650 scholars and practice leaders into dialogue and learning that built knowledge about nonprofits and philanthropy to serve the wider society.
- Our journal, *Nonprofit and Voluntary Sector Quarterly* went from publishing four times a year to six times a year, demonstrating the growing interest in and serving the need for better understanding of the nonprofit sector.
- We built partnerships with other “nonprofit infrastructure” organizations to enhance public understanding of nonprofits, philanthropy and voluntary action, and to improve the knowledge base for the leadership of the nonprofit sector; and we strengthened and enriched the dialogue between university-based researchers and nonprofit practitioners.
- We disseminate nonprofit research in ways that make it accessible and understandable to those in the field and the larger society who need to have it. ARNOVA-L, our open list-serve, has more than a 1200 subscribers – members and non-members – and used often for these purposes.
- We continued our commitment to further diversify our Association continues to be a high priority. Without reach and scholarship support, from 2008 to 2009 the number of people of color from the U.S. participating rose from 20% to 25%. The number of non-European internationals rose from 6% to 9%.

We finished 2009 with more than 1400 members. ARNOVA’s greatest strength lies in the energy and commitment of our members. We support and facilitate their ability to produce knowledge that serves the wider world; and they support ARNOVA with their time and labor. This past year an “audit” of volunteer labor and time given to our organization found our members gave us thousands of hours of time. In FY 2008/09 volunteers did work for ARNOVA that was the equivalent of an estimated \$408,683 of staff time.

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2008Department of the Treasury
Internal Revenue ServiceFor calendar year 2008 or other tax year beginning **7/01/08**, and
ending **6/30/09** ▶ See separate instructions.Open to Public Inspection
for 501(c)(3) Organizations Only

<input checked="" type="checkbox"/> Check box if address changed Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Assoc. for Research on Non-Profit Organizations & Voluntary Action Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 301 550 W. North Street City or town, state, and ZIP code Indianapolis IN 46202	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 23-7378021	
		E Unrelated business activity codes (See instructions for Block E on page 9.) 511190	
		C Book value of all assets at end of year 1,304,909	
		F Group exemption number (See instructions for Block F on page 9.) ▶	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.▶ **Advertising**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **Thomas H. Jeavons** Telephone number ▶ **317-684-2120**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions; attach schedule.) See Stmt 1	12	1,000	1,000
13	Total. Combine lines 3 through 12	13	1,000	1,000

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,380
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 2	28	
29	Total deductions. Add lines 14 through 28	29	1,380
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-380
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-380
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-380

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u> </u> (2) \$ <u> </u> (3) \$ <u> </u>	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) <u> </u> \$ <u> </u> (2) Additional 3% tax (not more than \$100,000) <u> </u> \$ <u> </u>	
c Income tax on the amount on line 34 <u> </u>	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <u> </u>	36
37 Proxy tax. See page 16 of the instructions <u> </u>	37
38 Alternative minimum tax <u> </u>	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies <u> </u>	39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <u> </u>	40a	
b Other credits (see page 17 of the instructions) <u> </u>	40b	
c General business credit. Attach Form 3800 <u> </u>	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) <u> </u>	40d	
e Total credits. Add lines 40a through 40d <u> </u>	40e	
41 Subtract line 40e from line 39 <u> </u>	41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other <u> </u>	42	
43 Total tax. Add lines 41 and 42 <u> </u>	43	0
44a Payments: A 2007 overpayment credited to 2008 <u> </u>	44a	
b 2008 estimated tax payments <u> </u>	44b	
c Tax deposited with Form 8868 <u> </u>	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) <u> </u>	44d	
e Backup withholding (see instructions) <u> </u>	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <u> </u> <input type="checkbox"/> Form 4136 <u> </u> <input type="checkbox"/> Other <u> </u> Total <u> </u>	44f	
45 Total payments. Add lines 44a through 44f <u> </u>	45	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/> <u> </u>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed <u> </u>	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <u> </u>	48	
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax <u> </u> Refunded <u> </u>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <u> </u>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <u> </u> \$ <u> </u>		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year <u> </u>	1		6 Inventory at end of year <u> </u>	6	
2 Purchases <u> </u>	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <u> </u>	7	
3 Cost of labor <u> </u>	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <u> </u>	Yes	No
4a Additional sec. 263A costs (attach sch.) <u> </u>	4a				
b Other costs (attach schedule) <u> </u>	4b				
5 Total. Add lines 1 through 4b <u> </u>	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	<u>Thomas H. Jones</u>	<u>5/10/2010</u>	<u>Executive Director</u>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature of officer	Date	Title		

Paid Preparer's Use Only	Preparer's signature <u>Sandra E. Ray, CPA</u>	Date <u>5/10/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P00406451</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>Sandra E. Ray, CPA, PC</u> <u>P.O. Box 190</u> <u>Zionsville, IN 46077-1848</u>	EIN <u> </u>	Phone no. <u>317-733-6198</u>	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)**1** Description of property**N/A**

(2)

(3)

(4)

2 Rent received or accrued**(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**Schedule E—Unrelated Debt-Financed Income** (see instructions on page 19)**1** Description of debt-financed property**2** Gross income from or allocable to debt-financed property**3** Deductions directly connected with or allocable to debt-financed property**(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1) **N/A**

(2)

(3)

(4)

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6** Column 4 divided by column 5**7** Gross income reportable (column 2 x column 6)**8** Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals ▶**Total dividends-received deductions** included in column 8 ▶**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)**1** Name of controlled organization**2** Employer identification number**Exempt Controlled Organizations****3** Net unrelated income (loss) (see instructions)**4** Total of specified payments made**5** Part of column 4 that is included in the controlling organization's gross inc.**6** Deductions directly connected with income in column 5(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations**7** Taxable Income**8** Net unrelated income (loss) (see instructions)**9** Total of specified payments made**10** Part of column 9 that is included in the controlling organization's gross income**11** Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

DAA

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
N/A				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J—Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
c/o ARNOVA	Exec. Dir.	0.05 %	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Federal Statements**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

Description	Amount
Advertising	\$ 1,000
Total	\$ 1,000

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Printing, Postage & Telephone	\$
Total	\$ 0

NP-20State Form 51062
(R3 / 3-10)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 07 / 01 / 08 and Ending 06 / 30 / 09
MM/DD/YYYY MM/DD/YYYY

Check if: ☐ Change of Address
☐ Amended Report
☐ Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization Association for Research on Non-Profit Organizations & Voluntary Action		Telephone Number (317) 684-2120
Address 550 W. North Street, Suite 301		County Marion
City Indianapolis		Indiana Taxpayer Identification Number 0007336640
State Indiana	Zip Code 46202	Federal Identification Number 23-7378021
Printed Name of Person to Contact Thomas H. Jeavons		Contact's Telephone Number (317) 684-2120

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

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

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 38
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

Refer to Exhibit A of Attached Form 990

tjeavons@arnova.org

Email Address:

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

Signature of Officer or Trustee
Thomas H. Jeavons

Executive Director

Title
(317) 684-2120

Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 7147
Indianapolis, IN 46207-7147
Telephone: (317) 233-4015

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

Form IT-20NP

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
Calendar Year Ending December 31, 2008 or

State Form 148

(R7/8-08) Fiscal Year Beginning AA 07 / 01 / 2008 and Ending BB 06 / 30 / 09

Check box if amended. A1 ☐Check box if name changed. B1 ☐

Name of Organization B Association for Research on Non-Profit Organizations & Voluntary Action		Federal Identification Number (FID) A 23-7378021	
Number and Street C 550 W. North Street, Suite 301		Indiana County or O.O.S. D Marion	
City E Indianapolis		Principal Business Activity Code H 5 1 1 1 9 0	
State F Indiana		ZIP Code G 46202	
		Telephone Number I (317) 684-2120	
K Check all boxes that apply: 1 <input checked="" type="checkbox"/> Initial Return 2 <input type="checkbox"/> Final Return 3 <input type="checkbox"/> In Bankruptcy 4 <input type="checkbox"/> Schedule M			
L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No Due Date: 15th day of the fifth month following close of the tax year.			

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income (before net operating loss deduction and specific deduction) from federal return Form 990T (attach Form 990T).....	1	-380
2. Specific deduction (generally \$1,000; see instructions).....	2	1,000
3. Interest on U.S. government obligations on the federal return less related expenses.....	3	
4. Deduction for qualified patents income.....	4	
5. Enter total from lines 2 through 4.....	5	1,000
6. Subtotal for unrelated business income (subtract line 5 from line 1).....	6	-1,380
7. Add back: Charitable contributions, state income taxes, net bonus depreciation (excess IRC 179 deduction), and IRC Section 199 deductions; enter negative adjustments in <brackets>.....	7	
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10).....	8	-1,380
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule).....	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise enter line 8 amount).....	10	-1,380
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions).....	11	
12. Taxable Indiana unrelated business income (line 10 less line 11).....	12	-1,380
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). See instructions for line 13.	13	-0-
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet.....	14	
15. Total tax due (add lines 13 and 14)..... Total Tax ▶	15	-0-
Credit for Estimated Tax and Other Payments		
16. Quarterly estimated tax paid: Qtr. 1 _____ Qtr. 2 _____ Qtr. 3 _____ Qtr. 4 _____ Enter total	16	
17. Amount paid with extension.....	17	
18. Amount of overpayment credit (from tax year ending a _____).....	18	
19. Enter name of other credit _____ Code No. 19a _____	19b	
20. Total credits (add lines 16, 17, 18, and 19b)..... Total Credits	20	
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 24, and 26).....	21	
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220.....	22	
<input type="checkbox"/> Check box if using annualization method		
23. Interest: If payment is made after the original due date, compute interest.....	23	
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date.....	24	
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶	25	
26. Total overpayment (line 20 minus lines 15, 22, and 24).....	26	
27. Amount of line 26 to be refunded.....	27	
28. Amount of line 26 to be applied to the following year's estimated tax account.....	28	

You must go to the certification and authorization section on page 2 to complete this return.

VN



205081101

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or AdjustmentState Form 49189
(R7/8-08)

Line (a)	Explanation (b)	Amount (c)

Certification of Signatures and Authorization Section

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

I authorize the Department to discuss my return with my personal representative (see page 9) ☐ Yes ☒ No

 5/10/10
 Signature of Officer Date
Thomas H. Jeavons MM Executive Director
 Print or Type Name of Officer Title

QQ
 Personal Representative's Name (Print or Type)
 Telephone number RR
 Address SS
 City TT
 State JU ZIP Code + 4 VV

Organization's E-mail address EE tjeavons@arnova.org

FF Sandra E. Ray, CPA

Paid Preparer: Firm's Name (or yours if self-employed.)

☐ Check One: 1 ☐ Federal I.D. Number 2 ☒ PTIN OR 3 ☐ Social Security Number

NN P 0 0 4 0 6 4 5 1

Telephone number PP 317-733-6198

Address GG PO Box 190

City HH Zionsville

State II Indiana

ZIP Code + 4 JJ 46077


 Paid Preparer's Signature

5/10/10
 Date

Sales/Use Tax Worksheet

List all purchases made during 2008 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s) Made from 1/1/08 Through 3/31/08	Column C Purchase Price of Property(s) from Column B	Column D Date of Purchase(s) Made from 4/1/08 Through 12/31/08	Column E Purchase Price of Property(s) from Column D
Magazine subscriptions:				
Mail order purchases:				
Internet purchases:				
Other purchases:				
1. Total purchase price of property subject to the sales/use tax: Enter total of Columns C and E	1C			1E
2. Sales/use tax: Multiply line 1C by .06; multiply line 1E by .07	2C			2E
3. Sales tax previously paid on the above items (up to 6% per item in Column C; up to 7% per item in Column E)	3C			3E
4. Total amount due: Subtract line 3C from line 2C and line 3E from line 2E. Add lines 4C and 4E. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP	4C			4E

Please mail forms to: Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253



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