

** PUBLIC DISCLOSURE COPY **

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

<u>A I</u>	For the	e 2018 calendar year, or tax year beginning	and	ending				
В	Check if applicab	e: C Name of organization ASSOCIATION FOR RESEARCH ON NON-P	ROFIT		D Employ	er identific	ation number	
	Addre	organizations & Voluntary action						
F	Name				1	23-73	78021	
Е	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	ne number				
F	Final	AA1 WEST MICHICAN STREET	ivorou to stroot uduross)	317-684	-2120			
	⊥return termir ated		ZIP or foreign postal code		G Gross rece		1,570,234.	
	Amen	, , , , , , , , , , , , , , , , , , , ,	En or loreign poetar oode			a group ret		
Е	Applic	F Name and address of principal officer: RICH	1	bordinates?				
	pendi	441 WEST MICHIGAN STREET, INDIANAPO					luded? Yes No	
Τ.	Tax-ex	_	(insert no.) 4947(a)(1)	or 527	1		st. (see instructions)	
		te: WWW.ARNOVA.ORG	10 11 (4)(1)	0 0	1	-	number >	
			sociation Other	L Year	of formation:		State of legal domicile: DC	
	art I	Summary				,	9	
	1	Briefly describe the organization's mission or most	significant activities: ASSOCI.	ATION FOR	RESEARCH	ON		
Governance		NONPROFIT ORGANIZATIONS AND VOLUNTARY						
'n	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of	its net asse	ets.	
Ş.	3	Number of voting members of the governing body ((Part VI, line 1a)			з	18	
ဇ္	4	Number of independent voting members of the gov					18	
- თ	5	Total number of individuals employed in calendar y					0	
iŧ.	6	Total number of volunteers (estimate if necessary)					180	
Activities	7 a	Total unrelated business revenue from Part VIII, col					0.	
⋖	b	Net unrelated business taxable income from Form					0.	
					Prior Ye		Current Year	
a)	8	Contributions and grants (Part VIII, line 1h)			9	61,285.	1,055,535.	
Revenue	9				4	24,157.	340,160.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4,				29,464.	18,824.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	2	251,996.	155,715.			
	12	Total revenue - add lines 8 through 11 (must equal		1,6	66,902.	1,570,234.		
	13	Grants and similar amounts paid (Part IX, column (A			0.	0.		
	14	Benefits paid to or for members (Part IX, column (A				0.	0.	
S	15	Salaries, other compensation, employee benefits (F			3	310,884.	450,386.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.	
ē	. b	Total fundraising expenses (Part IX, column (D), line		004.				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		6	49,692.	1,072,951.	
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)			60,576.	1,523,337.	
	19	Revenue less expenses. Subtract line 18 from line	12		7	06,326.	46,897.	
JO S	3			Ве	ginning of Cu	rrent Year	End of Year	
sets	20	Total assets (Part X, line 16)			2,1	.81,290.	2,300,733.	
t As	21	Total liabilities (Part X, line 26)				.04,480.	259,910.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		2,0	76,810.	2,040,823.	
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is	
true	, corre	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any know	ledge.		
		Circothura of afficer			Det	<u> </u>		
Sig	n	Signature of officer			Dat	ie		
Hei	e	THAD CALABRESE, TREASURER						
		Type or print name and title		T r	Date	011	T DTIN	
<u>.</u>		Print/Type preparer's name	Preparer's signature			Check if	PTIN	
Paid		AMANDA MEKO, CPA		1	1/14/19	self-employer		
	parer	Firm's name GREENWALT CPAS, INC			Firr	m's EIN 🛌	35-1489521	
Use	Only	Firm's address 5342 W. VERMONT STREET		21 7	241 2000			
		INDIANAPOLIS, IN 46224	and (non-in-attent)		Pho	one no.317-		
יאועו	v tne li	RS discuss this return with the preparer shown above	ve (isee instructions)				X Yes No	

Pai	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	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 -		
2	Did the organization undertake any significant program services during the year which were not liste	ed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes X No
	If "Yes," describe these changes on Schedule O.		. — —
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured b	ov expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501 (c)(4) organizations are required to report the amount of grants and allocated to the section 501 (c)(4) organizations are required to report the amount of grants and allocated to the section 501 (c)(4) organizations are required to report the amount of grants and allocated to the section 501 (c)(4) organizations are required to report the amount of grants and allocated to the section 501 (c)(4) organizations are required to report the amount of grants and allocated to the section 501 (c) (d) organizations are required to report the amount of grants and allocated to the section 501 (c) (d) organizations are required to report the amount of grants and allocated to the section 501 (c) (d) organizations are required to report the amount of grants and allocated to the section 501 (c) (d) organization 501 (c) (d) org	,	, ,
	revenue, if any, for each program service reported.		onponess, and
4a	(Code:) (Expenses \$ 1, 289 , 757. including grants of \$) (Revenue \$	340,160.)
	WE BRING TOGETHER BOTH THEORETICAL AND APPLIED INTERESTS; HELPING	/ (Nevende	· · · · · · · · · · · · · · · · · · ·
	SCHOLARS GAIN INSIGHT INTO THE DAY-TO-DAY CONCERNS OF THIRD-SECTOR		
	ORGANIZATIONS, WHILE PROVIDING NONPROFIT PROFESSIONALS WITH CONNECTIONS		
	TO RESEARCH THEY CAN USE TO IMPROVE THE WORK OF THEIR ORGANIZATIONS AND		
	THE QUALITY OF LIFE FOR CITIZENS AND COMMITTEES. PRINCIPAL ACTIVITIES		
	INCLUDE AN ANNUAL CONFERENCE, PUBLICATIONS, ELECTRONIC DISCUSSIONS, AND		
	SPECIAL INTEREST GROUPS.		
	- INTEREST GROOTS,		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			_
4d	Other program services (Describe in Schedule O.)		
-t u	,		1
40	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \) (Revenue \$\text{Nevenue \$}		J
46	Total program service expenses		Form 990 (2018)
			1 01111 000 (2010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	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 V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u		114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	<u> </u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2018) ORGANIZATIONS & VOLUNTARY A Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
	Little the number of Forms w-2d included in line 1a. Little 1-0-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
832004	(gambling) winnings to prize winners?	1c Form	990	(2018)

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

			_	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х				
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	١.						
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	l						
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	dana anno della della discono con O	_		. v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
b			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 93933		70		x				
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c						
u e	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 or	•	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x				
' '	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h						
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
sponsoring organization have excess business holdings at any time during the year?									
9									
а	Did the agree with a supplied to a supplied to the distribution and a supplied to 10000		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a	4						
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405							
_	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	14a		Х				
	14a Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in School Is O								
b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedule O</i> 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
15			15		x				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х				
10	If "Yes," complete Form 4720, Schedule O.		10						
	. , ,								

ORGANIZATIONS & VOLUNTARY ACTION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to mile ca, co, or real selection and orientations, proceeded, or changes in concease of contractions.			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management		I	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	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 independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6_	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICH KLOPP - 317-684-2120			
	441 WEST MICHIGAN STREET, INDIANAPOLIS, IN 46202			

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated cmployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY TSCHIRHART	4.00									
PAST PRESIDENT		Х		Х		_		0.	0.	0.
(2) RENE BEKKERS	3.00									
SECRETARY		Х		Х				0.	0.	0.
(3) THAD CALABRESE	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) ANGELA EIKENBERRY	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) ANGELA BIES	2.00									
DIRECTOR		Х						0.	0.	0.
(6) CHAO GUO	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JOHN RONQUILLO	2.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID SUAREZ	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN PHILLIPS	2.00									
DIRECTOR		Х						0.	0.	0.
(10) KHALDOUN ABOUASSI	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SHENA ASHLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(12) BRENDA BUSHOUSE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) MARY KAY GUGERTY	2.00									
DIRECTOR		Х						0.	0.	0.
(14) LINDSEY MCDOUGLE	2.00									
DIRECTOR		Х						0.	0.	0.
(15) ESI ANSAH	2.00									
DIRECTOR		Х						0.	0.	0.
(16) CRISTINA BALBOA	2.00									
DIRECTOR		Х	L		L			0.	0.	0.
(17) CURTIS CHILD	2.00									
DIRECTOR		Х						0.	0.	0.
832007 12-31-18										Form 990 (2018)

Form **990** (2018) 832007 12-31-18

Form 990 (2018) ORGANIZATIONS	S & VOLUNTA	RY	ACT	ION					23-73780	21 Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	j Hi	ghes	t C	ompensated Employee	s (continued)	_
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director go	not c , unle	Pos heck ss pe nd a d	more rson i lirecto	Highest compensated Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key er	Highe emplo	Former			
(18) HELEN LIU	2.00									
DIRECTOR	40.00	Х				├		0.	0.	0.
(19) SHARIQ SIDDIQUI EXECUTIVE DIRECTOR	40.00			x				0.	97,157.	38,031.
EARCOTIVE DIRECTOR				^				0.	91,131.	30,031.
1b Sub-total								0.	97,157.	38,031.
c Total from continuation sheets to Part VII								0.	0. 97,157.	•
d Total (add lines 1b and 1c)							o re	•	· · · · · · · · · · · · · · · · · · ·	, 30,031.
compensation from the organization										Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on	res No
line 1a? If "Yes," complete Schedule J for st	uch individual									3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ıch į	oers	on .				5 X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lepe	nde	nt co	ontra	acto	s th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	(C) Compensation
								·		·
							_			
							\dashv			
2. Total number of independent control of "	ooludioo but -	a+ 15-	ni+-	1 + ~	th c	20 11:-	to al	abovo) who resetted	oro than	
 Total number of independent contractors (ir \$100,000 of compensation from the organiz 	•	Ji III	ınted	J [0]		se lis 0	.ea	above) who received mo	ore triari	
	•									Form 990 (2018)

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		(2018	ORGANIZA	ATIONS & VOLU	JNTARY ACTION	Ī		23-737802	1 Page 9
Pa	rt V	Ш	Statement of Reven	ue					
			Check if Schedule O conta	ains a response d	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र इ	1 8	a Fed	derated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			mbership dues		161,395.				
<u>1</u> 2			ndraising events						
ifts Ir A			ated organizations						
i, G			vernment grants (contribution						
Sir			other contributions, gifts, grant						
uti			ilar amounts not included abov		894,140.				
trib Ott			cash contributions included in lines 1						
Son		-	tal. Add lines 1a-1f			1,055,535.			
<u> </u>			tan / taa iirioo fa fi		Business Code	, , ,			
Program Service Revenue	2 :	o CON	NFERENCE FEES		900099	206,360.	206,360.		
			NFERENCE SPONSORSHIP		900099	108,800.	108,800.		
Ser		~ —	NAGING EDITOR STIPEN		900099	25,000.	25,000.		
m S	`	ĭ. —			200022	20,000.	20,000.		
gra Re									
٦٠		e	ather presum contine rever						
_			other program service rever			340,160.			
	3		tal. Add lines 2a-2festment income (including o			310,100.			
	3					18,824.			18,824.
	4		er similar amounts)			10,021.			10,021.
	4	Income from investment of tax-exempt bond pr Royalties			Г	151,966.			151,966.
	э	HO	yaities	(i) Real		131,300.			131,300.
	•	- 0		(i) Real	(ii) Personal				
	6 6		oss rents						
			ss: rental expenses						
			ntal income or (loss)		•				
			t rental income or (loss)						
	7 3		oss amount from sales of	(i) Securities	(ii) Other				
			sets other than inventory						
			ss: cost or other basis						
			d sales expenses						
			in or (loss)						
			t gain or (loss)		·····				
ne	8 8		oss income from fundraising						
/en			luding \$						
Re			ntributions reported on line	-					
Other Revenue			t IV, line 18						
₹			ss: direct expenses						
			t income or (loss) from fund oss income from gaming act	-	P				
	9 7								
			t IV, line 19						
			ss: direct expenses						
			t income or (loss) from gami	-					
	10 8		oss sales of inventory, less r						
			d allowances						
			ss: cost of goods sold						
		U NET	t income or (loss) from sales						
	44	о мто	Miscellaneous Revenue SCELLANEOUS	-	900099	3,749.	3,749.		
						5,145.	5,745.		
					+				
		q VIII	other revenue		+				
	,		other revenue tal. Add lines 11a-11d			3,749.			
	12		al revenue See instructions		[1 570 234.	343 909.	0.	170 790.

832009 12-31-18

Part IX | Statement of Functional Expenses

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

	heck if Schedule O contains a respons mounts reported on lines 6b, 0b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and ot	her assistance to domestic organizations governments. See Part IV, line 21				
2 Grants and	other assistance to domestic See Part IV, line 22				
3 Grants and organization	other assistance to foreign is, foreign governments, and foreign See Part IV, lines 15 and 16				
	d to or for members				
5 Compensati	on of current officers, directors,				
trustees, an	d key employees	181,075.	120,011.	43,109.	17,955
•	n not included above, to disqualified lefined under section 4958(f)(1)) and				
	ribed in section 4958(c)(3)(B)				
	es and wages	231,701.	197,438.	23,367.	10,896
	accruals and contributions (include	- , •	, - , , -	, , , , , ,	
•	and 403(b) employer contributions)				
•	byee benefits	37,610.	25,294.	7,882.	4,434
	s		·		<u> </u>
	vices (non-employees):				
a Managemer	nt				
		98,686.	64,579.	22,975.	11,132
d Lobbying					
e Professional t	fundraising services. See Part IV, line 17				
f Investment	management fees				
•	e 11g amount exceeds 10% of line 25, mount, list line 11g expenses on Sch O.)				
` '	and promotion				
	nses	49,492.	41,877.	2,850.	4,765
	technology	19,380.	12,423.	4,635.	2,322
		11,505.	7,166.	2,860.	1,479
		181,325.	164,113.	15,978.	1,234
18 Payments o	f travel or entertainment expenses				
for any fede	ral, state, or local public officials				
19 Conferences	s, conventions, and meetings	615,665.	593,275.	22,225.	165
		368.		368.	
	o affiliates				
	n, depletion, and amortization	2,724.	5 040	2,724.	4 0
23 Insurance		9,565.	5,243.	2,348.	1,974
above. (List n 24e amount e	es. Itemize expenses not covered niscellaneous expenses in line 24e. If line exceeds 10% of line 25, column (A) ne 24e expenses on Schedule 0.)				
a ADMINISTR		28,334.	9,625.	17,228.	1,481
-	E SCHOLARSHIPS	24,426.	24,426.		
	NAL DEVELOPMEN	14,049.	12,624.	970.	455
d TELEPHONE	/FAX/COPIER	8,956.	5,772.	2,173.	1,011
e All other exp		8,476.	5,891.	1,884.	701
	nal expenses. Add lines 1 through 24e	1,523,337.	1,289,757.	173,576.	60,004
	Complete this line only if the organization				
•	olumn (B) joint costs from a combined				
	ampaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form 990 (201)

ORGANIZATIONS & VOLUNTARY ACTION

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line	in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			987,121.	1	434,566.	
	2	Savings and temporary cash investments		912,090.	2	847,593.		
	3	Pledges and grants receivable, net		202,500.	3	995,500.		
	4	Accounts receivable, net			40,352.	4	10,907.	
	5	Loans and other receivables from current and fo						
		trustees, key employees, and highest compensa						
		Part II of Schedule L		5				
	6	Loans and other receivables from other disqualit	(as defined under					
		section 4958(f)(1)), persons described in section), and contributing					
		employers and sponsoring organizations of sect						
ম		employees' beneficiary organizations (see instr).	art II of Sch L		6			
Assets	7	Notes and loans receivable, net				7		
Ä	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			35,421.	9	8,055.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	23,578.				
	b	Less: accumulated depreciation	10b	19,466.	3,806.	10c	4,112.	
	11	Investments - publicly traded securities	nvestments - publicly traded securities					
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equa			2,181,290.	16	2,300,733.	
	17	Accounts payable and accrued expenses			86,383.	17	253,895.	
	18	Grants payable			18			
	19	Deferred revenue		18,097.	19	5,430.		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I	Part IV of Sc	hedule D		21		
S	22	Loans and other payables to current and former	officers, dire	ectors, trustees,				
ΞĔ		key employees, highest compensated employee	s, and disqu	alified persons.				
Liabilities		Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrela	ted third par	ties		23		
	24	Unsecured notes and loans payable to unrelated	d third partie	s		24		
	25	Other liabilities (including federal income tax, pa	yables to rel	ated third				
		parties, and other liabilities not included on lines	17-24). Con	nplete Part X of				
		Schedule D			0.	25	585.	
	26	Total liabilities. Add lines 17 through 25			104,480.	26	259,910.	
		Organizations that follow SFAS 117 (ASC 958		re 🕨 🗓 and				
es		complete lines 27 through 29, and lines 33 an			4 000 404		004 046	
auc	27	Unrestricted net assets		<u> </u>	1,069,164.	27	821,816.	
3ak	28			<u> </u>	988,471.	28	1,199,832.	
힏	29				19,175.	29	19,175.	
표		Organizations that do not follow SFAS 117 (A	SC 958), ch	eck here 🕨 🔲				
Net Assets or Fund Balances		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31		
et	32	Retained earnings, endowment, accumulated in			0.055.040	32	0.040.000	
2	33	Total net assets or fund balances			2,076,810.	33	2,040,823.	
	34	Total liabilities and net assets/fund balances			2,181,290.	34	2,300,733. Form 990 (2018)	

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	570,	234.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	523,	337.		
3	Revenue less expenses. Subtract line 2 from line 1	3	46,				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	076,	810.		
5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	2	040,	823.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		За		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b				
			Form	990	(2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ASSOCIATION FOR RESEARCH ON NON-PROFIT

OMB No. 1545-0047

2018
Open to Public

Inspection
Employer identification number

ORGANIZATIONS & VOLUNTARY ACTION 23-7378021 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOLUNTARY ACTION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							
	Public support. Subtract line 5 from line 4.						
		(=) 2014	(h) 201E	(a) 2016	(4) 2017	(2) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
<u>C</u>	organization, check this box and stop	here Dor					>
	ction C. Computation of Publi						
	Public support percentage for 2018 (I			olumn (f))		14	<u>%</u>
	Public support percentage from 2017					15	<u>%</u>
16a	33 1/3% support test - 2018. If the				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	. ,					
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>
					Scho	dule A (Form 990	or 000 E7\ 2019

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	quality under the tests listed be ction A. Public Support	low, please compl	ete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	` '	` ,	` ,	. ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	526,416.	90,972.	540,836.	961,285.	1,055,535.	3,175,044.
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 bus-						
	iness under section 513	221,907.	288,165.	357,912.	424,157.	340,160.	1,632,301.
4	Tax revenues levied for the organ-						
	ization'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	748,323.	379,137.	898,748.	1,385,442.	1,395,695.	4,807,345.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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.
	Public support. (Subtract line 7c from line 6.)						4,807,345.
Sec	ction B. Total Support		<u>.</u>	<u> </u>		<u> </u>	
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	748,323.	379,137.	898,748.	1,385,442.	1,395,695.	4,807,345.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,035.	120,445.	267,683.	266,035.	170,900.	950,098.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	125,035.	120,445.	267,683.	266,035.	170,900.	950,098.
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	4,166.	2,348.	3,023.	15,425.	3,749.	28,711.
13	Total support. (Add lines 9, 10c, 11, and 12.)	877,524.	501,930.	1,169,454.	1,666,902.	1,570,344.	5,786,154.
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) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Public	Support Perc	entage				
15	Public support percentage for 2018 (lin	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	83.08 %
16	Public support percentage from 2017	Schedule A, Part II	I, line 15			16	81.80 %
Se	ction D. Computation of Invest	tment Income	Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	16.42 %
18	Investment income percentage from 2	017 Schedule A, F	Part III, line 17			18	17.69 %
19a	33 1/3% support tests - 2018. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box and	d stop here. The d	organization qualifi	es as a publicly su	pported organizat	ion	X
k	33 1/3% support tests - 2017. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, ar	
	line 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organ	ization qualifies as	a publicly suppor	rted organization	▶□
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
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За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

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Par	T IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOLUNTARY ACTION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	•		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	inization (see
	inches (ations)			

Schedule A (Form 990 or 990-EZ) 2018

Sche	edule A (Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOI	LUNTARY ACTION		23-7378021	Page 7
	rt V Type III Non-Functionally Integrated 509		nizations (continued)		<u> </u>
Sect	ion D - Distributions			Current \	/ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	 S		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	the organization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributa Amount foi	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b					
с	From 2015				
	From 2016				
	From 2017				
f	Total of lines 3a through e				
a	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	Carryover from 2013 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7:				
<u> </u>	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOLUNTARY ACTION	23-7378021	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6.	1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,
	(See instructions.)		

ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

23-7378021

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from f, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \$						
but it m u	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), at it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to extitute the filing requirements of Schedule B (Form 990, 990-PF).						

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

Employer identification number

23-7378021

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Name of organization
ASSOCIATION FOR RESEARCH ON NON-PROFIT
ORGANIZATIONS & VOLUNTARY ACTION
23-7378021

ı artı	Continuators (see instructions). Ose duplicate copies of Part I if at	dullional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

23-7378021

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

	organization		Employer identification number			
	TION FOR RESEARCH ON NON-PROFIT ATIONS & VOLUNTARY ACTION		23-7378021			
Part III) through (e) and the following line charitable, etc., contributions of \$1,000 (charitable, etc., contributions)	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of o	gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	gift			
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
•	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of o	gift Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

Employer identification number 23-7378021

Par	t I Organizations Maintaining Donor A	dvised Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Par		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advis	_	
	are the organization's property, subject to the organization		
	Did the organization inform all grantees, donors, and o		
	for charitable purposes and not for the benefit of the c		
Par	impermissible private benefit?	f the organization answered "Yes" on Form 990,	
	Purpose(s) of conservation easements held by the org		, 1 arriv, iii 6 7.
•	Preservation of land for public use (e.g., recreati	`	storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Treservation of a se	atined filotofic directars
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	+		ا م
С	Number of conservation easements on a certified history		
	Number of conservation easements included in (c) acc		
	listed in the National Register		2d
	Number of conservation easements modified, transfer		
	year ▶		
4	Number of states where property subject to conservat	tion easement is located	_
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easer	ments it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing conserv	ation easements during the year
	> \$		
	Does each conservation easement reported on line 2(, ,	
	In Part XIII, describe how the organization reports con	•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the or	rganization's financial statements that describes	s the organization's accounting for
Par	conservation easements. † III Organizations Maintaining Collection	ons of Art, Historical Treasures, or O	other Similar Assets.
	Complete if the organization answered "Yes" o		, and a community (500)
1a	If the organization elected, as permitted under SFAS 1		ment and balance sheet works of art
	historical treasures, or other similar assets held for pul	, , ,	,
	the text of the footnote to its financial statements that		,
	If the organization elected, as permitted under SFAS 1		nt and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibit		
	relating to these items:	, , , , , , , , , , , , , , , , , , , ,	,,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, histor		
	the following amounts required to be reported under S		~
	Revenue included on Form 990, Part VIII, line 1		> \$
			. .

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

Schedule D (Form 990) 2018

a large the organization's acquisition, accession, and other records, check all video globes and supply:	Par	t III	Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	r Other	· Similai	· Assets	(contin	nued)	
a Public exhibition d	3	Using	g the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a sig	gnificant u	se of its c	ollection	items	
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Distriction or to raise funds a rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In Part V escription of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		(chec	ck all that apply):									
c	а		Public exhibition	d	Loan or excl	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 bound to raise funds a rather than to be maintained as part of the organization's collection? 1 be sold to raise funds a rather than to be maintained as part of the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 be the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 beginning balance 3 beginning balance 4 Additions during the year 5 beginning balance 6 beginning balance 9 beginning balance 9 beginning balance 1 beginning of year 1 cells beginning of year balance 9 beginning of year balance 10 believe the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 beginning of year balance 1 beginning of year balance 1 cells beginning of year balance 2 cells beginning of year balance 2 cells beginning of year balance 3 beginning of year balance 4 beginning of year balance 2 cells beginning of year balance 3 beginning of year balance 4 beginning of year balance 5 cells beginning of year balance 5 cells beginning of year balance 6 cells beginning of year balance 9 cells beginning of year balance 1 cells beginning of year balance 2 cells beginning of year balance 3 cells beginning of year balance 4 beginning of year balance 5 cells beginned or quasierations of the organization that are held and administered for the organization of the organizations 5 cells beginned or quasierations 6 cells beginned or quasierations 1 cells beginned or poperty 2 cells beginned or poperty 3 cells beginned or poperty 4	b		Scholarly research	е	Other							
Description by eyar, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for tasies funds rather than to be maintained as part of the organization's collection?	С		Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization scollection? Yes No	4	Provi	ide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	npt purpos	se in Part	XIII.		
Setrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Sith organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	Durin	ng the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	er similar	assets		_		_
Teported an amount on Form 990, Part X, line 21. Teves Temporary Temp	_											No
1	Par	t IV			ete if the organization	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
No Form 990, Part X Yes												
Book Final Part	1a									7		7
Additions during the year 1d									L	」Yes		」No
C Beginning balance 1 C	b	If "Y∈	es," explain the arrangement in Part XIII	and complete the foll	lowing table:							
d Additions during the year										Amoun	t	
Example Distributions during the year Example Ex	С	-	-					·				
f Ending balance	d											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_											
Describe in Part XIII Check here if the explanation has been provided on Part XIII										7,,		٦
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			_					ty?		」 Yes		」No □
			Endowment Funds	Check here if the ex	planation has been j	provided on I	Part XIII					
1a Beginning of year balance 20,449, 2	ı aı		Lindowinient i dinds. Complete i						haal	(-) Fa		h a a l
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 20,449, 20,449, 20,449, 20,449, 20,449, 20,449, 20,449, 20,449, 20,449. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4.	D	and an of an an halana							(e) Foul		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 20,449, 20,449, 20,449, 20,449, 20,449, 20,449, 20,449, 20,449. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶				20,449.	20,449.	20	,449.		20,449.		20,	449.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 20,449. 20,449. 20,449. 20,449. 20,449. 20,449. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	D											
the other expenditures for facilities and programs f Administrative expenses g End of year balance 20,449, 20	C		• • • •									
and programs f Administrative expenses g End of year balance 20,449.												
f Administrative expenses g End of year balance 20,449, 20,44	е		·									
g End of year balance			-				+					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶				20 449	20 449	20	1 449		20 449		20	449
Board designated or quasi-endowment ▶			,	•	•		, == ,		20,445.		20,	117.
b Permanent endowment			· · · · · · · · · · · · · · · · · · ·	•) Helu as.						
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) unrelated organizations (iv) unrelated organizations (iv) unrelated organizations (iv) related o			-									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiiii) related organizations (iiiii) related organizations (iiiii) related organizations (iiiiii) related organizations (iiiii) related organizations (iiii) related organizations (iii) related organizations			· · · · · · · · · · · · · · · · · · ·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations by: (iii) related organizations (iiii) related organizations (iiiii) related organizations (iiii) related organizations (iiiii) related organizations (·	-	<u> </u>									
Part VI Land, Buildings, and Equipment. (a) Cost or other basis (investment) basis (other) basis (other) basis (other) basis (other) c Leasehold improvements c Lease	32	•	, ,	•	tion that are held an	nd administer	ed for the	e organiza	ation			
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other Other Other 500. 500. 500.	oa	hv.	There endowment funds flot in the posses	331011 Of the organiza	tion that are ned an	ia administra	ca ioi iii	c organize	2011		Vas	No
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		(i) I	inrelated organizations							3a(i)	103	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 500. 500.												X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation Land b Buildings	h	٠,										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (oth					William Tarias.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (oth			Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
tal Land basis (investment) basis (other) depreciation b Buildings C Leasehold improvements C Equipment 23,078 18,966 4,112 e Other 500 500 0					<u> </u>				ed	(d) Boo	k valu	—— е
b Buildings C Leasehold improvements d Equipment 23,078 18,966 4,112 e Other 500 500 0			2 coon places or property	1 (,, , , , , , , , , , , , , , , , , ,	,	I	` '			(4, 200		•
b Buildings C Leasehold improvements d Equipment 23,078 18,966 4,112 e Other 500 500 0		Land	I									
c Leasehold improvements 23,078. 18,966. 4,112. e Other 500. 500. 0.												
d Equipment 23,078. 18,966. 4,112. e Other 500. 500. 0.												
e Other 500. 500. 0.						23,078.		18,	966.		4,	112.
						500.			500.			0.
					X. column (B). line 10	Oc.)			ightharpoonup		4,	112.

23-7378021

ORGANIZATIONS & VOLUNTARY ACTION

a) Description of s	blete if the organization answered "Yes"				-d-£
	SECUTITY OF Category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
Financial deriva					
Closely-held ed	quity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
•	agual Form 000 Part V and (P) line 10)				
art VIII Inve	equal Form 990, Part X, col. (B) line 12.) stments - Program Related.				
	-	F 000 D+ IV/ II	- 11 - C F 000 I	Doub V. Bin a 40	
	blete if the organization answered "Yes" Description of investment	(b) Book value			nd-of-year market value
	bescription of investment	(b) Book value	(c) Method of V	aldation: Cost of Ci	id of year market value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5) (6)					
(6)					
(7) (8)					
(9)					
	equal Form 990, Part X, col. (B) line 13.)				
Part IX Othe	er Assets.				
	plete if the organization answered "Yes"	on Form 990 Part IV li	ne 11d See Form 990 I	Part Y line 15	
Comp		Description	ie 11d. See 1 01111 990, 1	art A, line 15.	(b) Book value
(1)	()	2 000			(b) Doon talled
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mount annual Farma 2000, Part V, and /P\lim	- 15 \		>	
art X Othe	<i>must equal Form 990, Part X, col. (B) line</i> e r Liabilities.	9 (3.)			1
	plete if the organization answered "Yes"	on Form 990 Part IV li	ne 11e or 11f See Form	990 Part X line 2	5
Comp	(a) Description of liability	0111 01111 000, 1 01111, 111	(b) Book value	1 000,1 4117, 1110 2	<u>. </u>
(1) Federal inc	come taxes				
,	LD ON BEHALF OF OTHERS		585.		
(2)					
(2)					
(4)		l l			
(3) (4) (5)					
(4) (5) (6)					
(4) (5) (6) (7)					
(4) (5) (6) (7) (8)					
(4) (5) (6) (7) (8) (9)			505		
(4) (5) (6) (7) (8) (9) tal. (Column (b)	<i>must equal Form 990, Part X, col. (B) line</i> certain tax positions. In Part XIII, provide	,	585.		that you site the

832053 10-29-18

Sche	dule D (Form 990) 2018 ORGANIZATIONS & VOLUNTARY ACTION			23-7378021	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,751,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-82,884.		
b	Donated services and use of facilities	2b	263,700.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1			
е	Add lines 2a through 2d			2e	180,816.
3	Subtract line 2e from line 1			3	1,570,234.
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.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				1,570,234.
Par	t XII Reconciliation of Expenses per Audited Financial Stater	nents With I	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	1,787,037.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	263,700.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	263,700.
3	Subtract line 2e from line 1			3	1,523,337.
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.)	4b			
С	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	1,523,337.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b ar	nd 2b; Part V, line 4;	; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional informa	ation.		
PART	V, LINE 4:				
ARNO	VA'S ENDOWMENT CONSISTS SOLEY OF ONE DONOR RESTRICTED FUND T	HAT WAS			
ESTA	BLISHED TO SUPPORT SCHOLARSHIPS. AS REQUIRED BY GENERALLY AC	CEPTED			
ACCO	UNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH THE ENDOWMENT	FUND ARE			
CLAS	SIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DON	OR-IMPOSED			
REST	RICTIONS.				
PART	XI LINE 2B - DONATED SERVICES AND USE OF FACILITIES				
PROF	ESSIONAL EDITORIAL SERVICES RELATED TO THE PUBLICATION OF TH	IE NVSQ ARE			
PROV	IDED BY VOLUNTEERS WHO CONTRIBUTE THEIR TIME TO ARNOVA, ARNO	OVA ALSO			
RECE	IVED IN-KIND SERVICES RELATED TO AN INTERNATIONAL CONFERENCE	HELD			
	NG 0040 - TWD 0DG1NTD15500				
DURI	NG 2018. THE ORGANIZATION HAS VALUED AND RECORDED THESE SER	VICES,			

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Inspection

Name of the organization ASSOCIATION FOR RESEARCH ON NON-PROFIT **Employer identification number**

ORGANIZATIONS & VOLUNTA					-7378021	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization	answered "Ye	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistar	nce,	
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance?		Yes No
-	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other ass	istance outsic	de the
United States.						
			an be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of	1	(e) If activity liste		(f) Total expenditures
	offices in the region	employees, agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program se describe specif	· · · · · · · · · · · · · · · · · · ·	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in th	7.	investments
		in the region	Toolpionio iocatoa in ano regiony	1		in the region
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,			NONDROLLE AND DULL ANEWDODY	EDUGATIONAL AND		
BOTSWANA, BURKINA			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND		102 415
FASO,			CONFERENCE	KNOWLEDGE SHARIN	iG	103,417.
MIDDLE EAST AND NORTH AFRICA -						
			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND		
ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			CONFERENCE	EDOCATIONAL AND KNOWLEDGE SHARIN	īC	75 525
EAST ASIA AND THE			CONFERENCE	KNOWLEDGE SHAKIN	.G	75,535.
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND		
CAMBODIA,			CONFERENCE	EDOCATIONAL AND KNOWLEDGE SHARIN	īG.	5,692.
CAMBODIA,			CONFERENCE	KNOWIEDGE SHAKIK	9	3,032.
EUROPE - AMSTERDAM &			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND		
LONDON			CONFERENCE	KNOWLEDGE SHARIN	1G	5,222.
						-,
SOUTH AMERICA -			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND		
COLUMBIA			CONFERENCE	 KNOWLEDGE SHARIN	IG	1,210.
						· · · · · ·
3 a Subtotal	0	0				191,076.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
	۸ ا	^				101 076

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

Schedule F (Form 990) 2018

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

ORGANIZATIONS & VOLUNTARY ACTION Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	nsel has provided a sect	recognized as charities by the tion 501(c)(3) equivalency lette					

Page 2

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

ORGANIZATIONS & VOLUNTARY ACTION 23-7378021

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Page 3

ORGANIZATIONS & VOLUNTARY ACTION Schedule F (Form 990) 2018 Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	(communication of the supplication in the supplication of the supp

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

Employer identification number 23-7378021

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERDISCIPLINARY COMMUNITY OF PEOPLE DEDICATED TO FOSTERING THROUGH RESEARCH AND EDUCATION THE CREATION. APPLICATION. AND DISSEMINATION OF KNOWLEDGE ON NONPROFIT ORGANIZATIONS PHILANTHROPY CIVIL SOCIETY AND VOLUNTARY ACTION. ARNOVA IS THE US - BASED, NATIONAL AND INTERNATIONAL ASSOCIATION THAT CONNECTS SCHOLARS, TEACHERS, AND PRACTICE LEADERS INTERESTED IN RESEARCH ON NONPROFIT ORGANIZATIONS, VOLUNTARY ACTION PHILANTHROPY, AND CIVIL SOCIETY. ARNOVA IS A NEUTRAL, OPEN FORUM COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE REALMS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BASED, NATIONAL AND INTERNATIONAL ASSOCIATION THAT CONNECTS SCHOLARS TEACHERS AND PRACTICE LEADERS INTERESTED IN RESEARCH ON NONPROFIT ORGANIZATIONS VOLUNTARY ACTION PHILANTHROPY AND CIVIL SOCIETY. ARNOVA IS A NEUTRAL. OPEN FORUM COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE REALMS FORM 990, PART VI, SECTION A, LINE 3: ARNOVA HAS ENTERED INTO AN AGREEMENT WITH INDIANA UNIVERSITY WHERE THE EMPLOYEES OF THE ORGANIZATION ARE PROVIDED BY THE UNIVERSITY. ARNOVA RETAINS THE RIGHT TO ALL HIRING AND FIRING DECISIONS. THE UNIVERSITY IS THE EMPLOYER OF RECORD. ARNOVA REIMBURSES THE UNIVERSITY FOR COMPENSATION BENEFITS AND TAXES. IN ADDITION. ARNOVA PAYS THE UNIVERSITY A SMALL PERCENTAGE OF EXPENDITURES AS AN ADMINISTRATIVE FEE. DURING THE CURRENT YEAR THERE WERE 3 EMPLOYEES. THEIR COMPENSATION HAS BEEN REPORTED ON THE

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION	Employer identification number 23-7378021
STATEMENT OF FUNCTIONAL EXPENSE AS SALARY, BENEFITS, RETIREMENT, AND	
PAYROLL EXPENSE.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION IS A NON-FOR-PROFIT CORPORATION WITH MEMBERS WHO, IN	
ACCORDANCE WITH THE BY-LAWS, ELECT THE GOVERNING BOARD.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS WHO, IN	
ACCORDANCE WITH THE BY-LAWS, ELECT THE GOVERNING BOARD. MEMBERS' VOTING	
RIGHTS MAY NOT BE ABRIDGED WITHOUT APPROVAL BY A VOTE OF THE AFFECTED	
MEMBERS AND EACH AMENDMENT OF THE 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 11B:	
THE FORM 990 IS REVIEWED BY THE TREASURER AND THE AUDIT AND FINANCE	
COMMITTEE MEMBERS ONCE THIS REVIEW IS COMPLETE AND THE FORMAT IS APPROVED,	
THE EXECUTIVE DIRECTOR SIGNS THE RETURN AND PROCEEDS WITH SUBMISSION TO THE	
IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE ANNUAL BOARD RETREAT MEMBERS PROVIDE A CONFLICT OF INTEREST FORM.	
THE PRESIDENT REVIEWS AND THE FORMS ARE FILED. ANNUALLY AT THE NOVEMBER	
MEETING, NEWLY ELECTED MEMBERS PROVIDE THEIR FORMS. DURING MEETINGS, IF A	
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

NP-20State Form 51062
(R9 / 8-18)

Indiana Department of Revenue Indiana Non profit Organization's Annual Report For the Calendar Year or Fiscal Year

NO FEE REQUIRED.

Beginning	01	/ 01	/2018	and Ending	12	/ 31	/ 2018
		4M/ DD/ \	···	=		MM/DD/V	·vvv

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

Due on the 15th day of the 5th month following the end of the tax year.

Name of Organization ASSOCIATION F				Telephone Number					
ORGANIZATIONS VOLUNTARY AC	TION			317 684 2120					
Address		County		Indiana Taxpayer Identification Number					
441 WEST MICHIGAN STREET		49							
City	State	Zip Code		Federal Identification Number					
INDIANAPOLIS	INDIANA	46202		23 7378021					
Printed Name of Person to Contact			Contact's Telephone Nun	n ber					
RICH KLOPP			317 684 2120						
Note: If your organization has unrel must also file Form IT-20NP. Current Information 1. Have any changes not previous bylaws, or other instruments of 2. Indicate number of years your 3. Attach a schedule, listing the	ch a completed copy of Form 990, 990E atted business income of more than \$1,0 bly reported to the Department been made is similar importance? If yes, attach a deorganization has been in continuous existences, titles and addresses of your current mission of your organization below.	000 as defii de in your stailed desc stence.	ned under Section 5 governing instrumer cription of changes. 47	•					
SEE STATEMENT 1	, .								
Email Address: SSIDDIQUI@ARNO	VA.ORG								
I declare under the penalties of perjuis true, complete, and correct.	ury that I have examined this return, inc	cluding all	,	the best of my knowledge and belief, it					
Signature of Officer or Trustee		Title		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 Adm inistration P.O. Box 6481 Indianapolis, IN 46206-6481 Telephone: (317) 232-0129									
Extensions of Time to File	15 0 1 11 11 1			5 0000 B I 6 I					

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 salestax 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 Adm inistration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

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.

NP-20STATEMENT 1

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

FORM NP-20 LIST OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS TITLE

MARY TSCHIRHART PAST PRESIDENT

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

RENE BEKKERS SECRETARY

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

THAD CALABRESE TREASURER

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

ANGELA EIKENBERRY PRESIDENT

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

ANGELA BIES DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

CHAO GUO DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

JOHN RONQUILLO DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DAVID SUAREZ DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

SUSAN PHILLIPS DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

KHALDOUN ABOUASSI DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

SHENA ASHLEY DIRECTOR

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

3 STATEMENT(S) 2 2018.05000 ASSOCIATION FOR RESEARCH ARN30.01 BRENDA BUSHOUSE 441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202 DIRECTOR

MARY KAY GUGERTY

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DIRECTOR

LINDSEY MCDOUGLE

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DIRECTOR

ESI ANSAH

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DIRECTOR

CRISTINA BALBOA

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DIRECTOR

CURTIS CHILD

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DIRECTOR

HELEN LIU

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

DIRECTOR

SHARIQ SIDDIQUI

441 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202

EXECUTIVE DIRECTOR

** PUBLIC DISCLOSURE COPY **

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 private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	ror the	2018 calendar year, or tax year beginning	anu	enaing							
В	Check if applicable	C Name of organization			D Employer ic	lentific	ation number				
	Addre:	ASSOCIATION FOR RESEARCH ON NON-P	ROFIT								
F	Name				1	23-73	78021				
F	chang Initial	Doing business as Number and street (or P.0. box if mail is not de	ivered to street address)	Room/suite	E Telephone n						
F	return Final	441 WEST MICHIGAN STREET			1-2120						
_	Ireturn/ termin ated		G Gross receipts \$		1,570,234.						
	Ameno		Zii oi loreigii postai code		H(a) Is this a gr						
F	Application		KLOPP		for subord	-					
	pendir	441 WEST MICHIGAN STREET, INDIANAPO			H(b) Are all subord						
$\overline{\Gamma}$	Tax-exe			or 527	1		list. (see instructions)				
		e: WWW.ARNOVA.ORG			H(c) Group exe		,				
K	Form of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 197	1 M	State of legal domicile: DC				
	art I	Summary					<u> </u>				
	1	Briefly describe the organization's mission or most	significant activities: ASSOCI	ATION FOR	R RESEARCH ON						
Governance		NONPROFIT ORGANIZATIONS AND VOLUNTARY									
rna	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its r	net ass	ets.				
Ne.	3	Number of voting members of the governing body	(Part VI, line 1a)			3	18				
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	18				
80	5	Total number of individuals employed in calendar y	ear 2018 (Part V, line 2a)			5	0				
ZĘ:	6	Total number of volunteers (estimate if necessary)				6	180				
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.				
_	<u> b</u>	Net unrelated business taxable income from Form	990-T, line 38			7b	0.				
					Prior Year		Current Year				
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		961, 424,		1,055,535.					
ē	9		• • • • • • • • • • • • • • • • • • • •								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			464.	18,824.					
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			251,		155,715.				
_		Total revenue - add lines 8 through 11 (must equal		1,666,	1,570,234.						
	1	Grants and similar amounts paid (Part IX, column (0.							
		Benefits paid to or for members (Part IX, column (A			21.0		0.				
Š	15	Salaries, other compensation, employee benefits (F			310,	0.	450,386.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), I				٠.	0.				
X	D	Total fundraising expenses (Part IX, column (D), line	, <u> </u>	004.	649	692.	1,072,951.				
	''	Other expenses (Part IX, column (A), lines 11a-11d,				576.	1,523,337.				
	1	Total expenses. Add lines 13-17 (must equal Part I)				326.	46,897.				
	19	Revenue less expenses. Subtract line 18 from line	12		ginning of Current		End of Year				
Net Assets or	20	Total assets (Part X, line 16)		100	2,181,		2,300,733.				
4SSE	21	Total liabilities (Part X, line 16)			104,		259,910.				
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		2,076,		2,040,823.				
P	art II	Signature Block									
Und	der pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the bes	t of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than office				-	•				
Sig	ın	Signature of officer			Date						
Не	re	THAD CALABRESE, TREASURER									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date c	heck	PTIN				
Pai	d	AMANDA MEKO, CPA		1		elf-employe	P01062615				
Pre	parer	Firm's name GREENWALT CPAS, INC			Firm's E	IN 🕨	35-1489521				
Use	Only	Firm's address > 5342 W. VERMONT STREET									
_		INDIANAPOLIS, IN 46224			Phone n	₁₀ .317-	-241-2999				
Ма	y the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)				X Yes No				

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT 5 CONTINUATION

Pa	Irt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	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 -	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 289, 757. including grants of \$) (Revenue \$	340,160.
	WE BRING TOGETHER BOTH THEORETICAL AND APPLIED INTERESTS; HELPING	
	SCHOLARS GAIN INSIGHT INTO THE DAY-TO-DAY CONCERNS OF THIRD-SECTOR	
	ORGANIZATIONS, WHILE PROVIDING NONPROFIT PROFESSIONALS WITH CONNECTIONS	
	TO RESEARCH THEY CAN USE TO IMPROVE THE WORK OF THEIR ORGANIZATIONS AND	
	THE QUALITY OF LIFE FOR CITIZENS AND COMMITTEES. PRINCIPAL ACTIVITIES	
	INCLUDE AN ANNUAL CONFERENCE, PUBLICATIONS, ELECTRONIC DISCUSSIONS, AND	
	SPECIAL INTEREST GROUPS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\bigs\) \(\bi	
		Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		┼
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		_ ^

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Form 990 (2018) ORGANIZATIONS & VOLUNTARY A Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			177
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		ı
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			ı
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ı
	complete Schedule L, Part II	26		Х
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			ı
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			•
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30_		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 		
U _	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ı
	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?			ı
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Ţ	ı
Par	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		. 00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return	2a	0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?		2b									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)												
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thor	ty over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	cour	t)?	4a		X							
b	b If "Yes," enter the name of the foreign country:												
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a. Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?												
_	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?												
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b 5c		X							
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		_							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		x							
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			- Oa									
D	were not tax deductible?			6b									
7	Organizations that may receive deductible contributions under section 170(c).			0.5									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces n	rovided to the pavor?	7a		х							
b		-		7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	requ	uired										
	to file Form 8282?			7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntrac	t?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y th	Э										
^				8									
9	Sponsoring organizations maintaining donor advised funds.			00									
a b				9a 9b									
10	Section 501(c)(7) organizations. Enter:			30									
а	1	10a											
b		10b											
11	Section 501(c)(12) organizations. Enter:		•										
а		11a											
b	Gross income from other sources (Do not net amounts due or paid to other sources against												
	·	11b											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		? I	12a									
b	,	12b		-									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
а	Is the organization licensed to issue qualified health plans in more than one state?			13a									
	Note. See the instructions for additional information the organization must report on Schedule O.												
D	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	13b	I										
•		13c		1									
				14a		х							
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation in Schedule			14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera												
	excess parachute payment(s) during the year?			15		х							
	If "Yes," see instructions and file Form 4720, Schedule N.												
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncor	ne?	16		х							
	If "Yes," complete Form 4720, Schedule O.				000	(2018)							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 18											
	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 independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
_	officer, director, trustee, or key employee?	2		х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	х									
4												
5												
		5 6	Х	Х								
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-										
7a		7-	х									
	more members of the governing body?	7a	Λ									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		х									
_	persons other than the governing body?	7b	Λ									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37									
a	The governing body?	8a	X									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			17								
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	5000 A 100 A 1		Yes	No X								
	Did the organization have local chapters, branches, or affiliates?	10a		Α								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
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	12a	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	Х									
b	Other officers or key employees of the organization	15b	Х									
	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											
	taxable entity during the year?	16a		Х								
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?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶IN											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole								
	for public inspection. Indicate how you made these available. Check all that apply											
	X Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al									
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	RICH KLOPP - 317-684-2120											
	441 WEST MICHIGAN STREET, INDIANAPOLIS, IN 46202											

<u> Page</u> **7**

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer ar	a a a	recio	rrus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trustee		ee	ubeus		(W-2/1099-MISC)		organization and related
	below	dual t	tiona		nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY TSCHIRHART	4.00		-			1				
PAST PRESIDENT		х		х				0.	0.	0.
(2) RENE BEKKERS	3.00									
SECRETARY		х		х				0.	0.	0.
(3) THAD CALABRESE	4.00									
TREASURER		х		х				0.	0.	0.
(4) ANGELA EIKENBERRY	5.00									
PRESIDENT		х		Х				0.	0.	0.
(5) ANGELA BIES	2.00									
DIRECTOR		Х						0.	0.	0.
(6) CHAO GUO	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JOHN RONQUILLO	2.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID SUAREZ	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN PHILLIPS	2.00									
DIRECTOR		Х						0.	0.	0.
(10) KHALDOUN ABOUASSI	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SHENA ASHLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(12) BRENDA BUSHOUSE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) MARY KAY GUGERTY	2.00									
DIRECTOR		Х						0.	0.	0.
(14) LINDSEY MCDOUGLE	2.00									
DIRECTOR		х						0.	0.	0.
(15) ESI ANSAH	2.00									
DIRECTOR		Х						0.	0.	0.
(16) CRISTINA BALBOA	2.00									
DIRECTOR		Х						0.	0.	0.
(17) CURTIS CHILD	2.00									
DIRECTOR	1	Х	1	1		I	1	0.	0.	0.

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Form 990 (2018) ORGANIZATIONS	& VOLUNTA	RY .	ACT	ION					23-7378	021	Р	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Ηiς	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensa from th organizat and relat organizati	e tion ted
(18) HELEN LIU	2.00									\neg		
DIRECTOR		Х						0.		0.		0.
(19) SHARIQ SIDDIQUI EXECUTIVE DIRECTOR	40.00			х				0.	97,15	7.	38,	031.
4. 0.1								0.	97,15	7	3.0	031
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A						>	0.	-	٥.		031. 0. 031.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual				· 						3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		.	4	х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5	х
Section B. Independent Contractors			<i>31</i>		7010	<u> </u>					•	
Complete this table for your five highest conthe organization. Report compensation for the organization.								the organization's tax y		nsati		
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Co	(C) ompensatio	n
2 Total number of independent contractors (in	ocluding but a	ot lin	nitor	1 +0 +	thoo	ما م	tod	above) who received m	ore than			
\$100,000 of compensation from the organiz	· ·	JE III	mec	י נט))	ıeu	above, who received file	DIE HIAH			

ORGANIZATIONS & VOLUNTARY ACTION

Ра	rt VII				=			
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
· ν ν	1 a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues	1 1	161,395.				
		Fundraising events						
	٦	Related organizations						
	0							
	4	Government grants (contributions gifts grant						
	ı	All other contributions, gifts, grant		894,140.				
ē \$	_	similar amounts not included abov						
o d	9	Noncash contributions included in lines			1,055,535.			
0 0		Total. Add lines 1a-1f		Business Code	1,033,333.			
	0.0	CONFERENCE FEES		900099	206,360.	206,360.		
/ice	2 a			900099	108,800.	108,800.		
er ne	b			900099	25,000.	25,000.		
E S	C	<u> </u>		300033	23,000.	25,000.		
gra Re	d							
Program Service Revenue	e	All other program service reve						
_		Total. Add lines 2a-2f			340,160.			
	3	Investment income (including			,			
	Ū	other similar amounts)	•	· .	18,824.			18,824.
	4	Income from investment of tax			, -			,
	5	Royalties	•	·	151,966.			151,966.
		rioyanioo	(i) Real	(ii) Personal	,			,
	6 a	Gross rents	(i) Frodi	(ii) i oroonai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(7 = = = = = = = = = = = = = = = = = = =	(.,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne		Gross income from fundraising including \$	g events (not					
Ven		contributions reported on line						
Re		Part IV, line 18	•	a				
Other Revenue	h	Less: direct expenses						
ð		Net income or (loss) from fund		—				
		Gross income from gaming ac	· ·					
	Ja	Part IV, line 19		a				
	h	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold						
		: Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS		900099	3,749.	3,749.		
	b							
	С	;						
	d	All other revenue						
		Total. Add lines 11a-11d			3,749.			
	12	Total revenue. See instructions			1,570,234.	343,909.	0.	170,790.

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Form 990 (2018) ORGANIZATIONS & VOL Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must completed to Check if Schedule O contains a responsi			,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 075	100 011	42 100	17 055
	trustees, and key employees	181,075.	120,011.	43,109.	17,955
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	024 704	105 120	22.25	10.000
7	Other salaries and wages	231,701.	197,438.	23,367.	10,896
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25.640	25.004	7.000	
9	Other employee benefits	37,610.	25,294.	7,882.	4,434
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	98,686.	64,579.	22,975.	11,132
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 Sch O.)				
12	Advertising and promotion				
13	Office expenses	49,492.	41,877.	2,850.	4,765
14	Information technology	19,380.	12,423.	4,635.	2,322
15	Royalties				
16	Occupancy	11,505.	7,166.	2,860.	1,479
17	Travel	181,325.	164,113.	15,978.	1,234
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	615,665.	593,275.	22,225.	165
20	Interest	368.		368.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,724.		2,724.	
23	Insurance	9,565.	5,243.	2,348.	1,974
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 0.)				
а	ADMINISTRATION	28,334.	9,625.	17,228.	1,481
b	CONFERENCE SCHOLARSHIPS	24,426.	24,426.		
С	PROFESSIONAL DEVELOPMEN	14,049.	12,624.	970.	455
d	TELEPHONE/FAX/COPIER	8,956.	5,772.	2,173.	1,011
е	All other expenses	8,476.	5,891.	1,884.	701
25	Total functional expenses. Add lines 1 through 24e	1,523,337.	1,289,757.	173,576.	60,004
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 have				

Form **990** (2018)

Check here

Form 990 (2018) Part X Balance Sheet ORGANIZATIONS & VOLUNTARY ACTION

Fai	TΑ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			987,121.	1	434,566.
	2	Savings and temporary cash investments	912,090.	2	847,593.		
	3	Pledges and grants receivable, net			202,500.	3	995,500.
	4	Accounts receivable, net			40,352.	4	10,907.
	5	Loans and other receivables from current and fo			·		·
	_	trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	_	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
"		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				35,421.	9	8,055.
		Land, buildings, and equipment: cost or other	I I		,	Ť	,
	.00	basis. Complete Part VI of Schedule D	10a	23,578.			
	h	Less: accumulated depreciation		19,466.	3,806.	10c	4,112.
	11	Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	7	11	-7
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		1		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			2,181,290.	16	2,300,733.
	17			86,383.	17	253,895.	
	18	Accounts payable and accrued expenses			7	18	
	19	Grants payable Deferred revenue			18,097.	19	5,430.
	20	Tax-exempt bond liabilities				20	1,7=11.0
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
i		Complete Part II of Schedule L	-			22	
<u>E</u> .	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D			0.	25	585.
	26	Total liabilities. Add lines 17 through 25			104,480.	26	259,910.
		Organizations that follow SFAS 117 (ASC 958			·		
S		complete lines 27 through 29, and lines 33 an					
ည	27	Unrestricted net assets		L	1,069,164.	27	821,816.
alaı	28	Temporarily restricted net assets			988,471.	28	1,199,832.
Ä	29				19,175.	29	19,175.
Ĕ		Organizations that do not follow SFAS 117 (A					
F		and complete lines 30 through 34.	_				
ţs	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			2,076,810.	33	2,040,823.
	34	Total liabilities and net assets/fund balances			2,181,290.	34	2,300,733.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,570,	234.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,523,	
3	Revenue less expenses. Subtract line 2 from line 1	3		46,	897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,076,	810.
5	Net unrealized gains (losses) on investments	5		-82,	884.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10	2	,040,	823.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	na			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ıle O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit			1
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATION FOR RESEARCH ON NON-PROFIT **Employer identification number** Name of the organization ORGANIZATIONS & VOLUNTARY ACTION 23-7378021 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOLUNTARY ACTION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							
	Public support. Subtract line 5 from line 4.						
		(=) 2014	(h) 201E	(a) 2016	(4) 2017	(2) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
<u>C</u>	organization, check this box and stop	here Dor					>
	ction C. Computation of Publi						
	Public support percentage for 2018 (I			olumn (f))		14	<u>%</u>
	Public support percentage from 2017					15	<u>%</u>
16a	33 1/3% support test - 2018. If the				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	. ,					
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>
					Scho	dule A (Form 990	or 000 E7\ 2019

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOLUNTARY ACTION

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	526,416.	90,972.	540,836.	961,285.	1,055,535.	3,175,044.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513	221,907.	288,165.	357,912.	424,157.	340,160.	1,632,301.
4	Tax revenues levied for the organ- ization'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	748,323.	379,137.	898,748.	1,385,442.	1,395,695.	4,807,345.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4,807,345.
	ction B. Total Support						-,,
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	748,323.	379,137.	898,748.	1,385,442.	1,395,695.	4,807,345.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,035.	120,445.	267,683.	266,035.	170,900.	950,098.
ŀ	Unrelated business taxable income	, ,	, .	, -	, -	, -	, -
•	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	125,035.	120,445.	267,683.	266,035.	170,900.	950,098.
	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 VI.)	4,166.	2,348.	3,023.	15,425.	3,749.	28,711.
13	Total support. (Add lines 9, 10c, 11, and 12.)	877,524.	501,930.	1,169,454.	1,666,902.	1,570,344.	5,786,154.
14	First five years. If the Form 990 is for check this box and stop here	the organization's	,		•	. , . ,	tion,
Se	ction C. Computation of Public						
	Public support percentage for 2018 (li			olumn (f))		15	83.08 %
	Public support percentage from 2017	, (,,	• •			16	81.80 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	16.42 %
18						18	17.69 %
	a 33 1/3% support tests - 2018. If the						
.00	more than 33 1/3%, check this box an						▶ X
k	33 1/3% support tests - 2017. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, ar	············· -
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
20	i i i vate i odi i dationi. Il tile digaliizatio	in and thou officer a L	, , , , , , , , , , , , , , , , , , ,	, or 100, 01160K lill	5 500 and 355 11131		

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Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

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Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	1	
2	Activities Test. Answer (a) and (b) below.	ructions)	Yes	No
a			.03	.40
ч	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		2-		
L.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 ORGANIZATIONS & VOLUNTARY ACTION 23-7378021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
		anican an	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
-	line 7:				
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2018, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
Ū		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
'	and 4	-			
Ω		down of line 7:			
8_					
		s from 2014			
		s from 2015			
		ss from 2016			
		ss from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

ASSOCIATION FOR RESEARCH ON NON-PROFIT

ORGANIZATIONS & VOLUNTARY ACTION

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

23-7378021

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1				
	501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See instructions.				
General Rule						
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributione contributor. Complete Parts I and II. See instructions for determining a					
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lir, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that received from				
year, total contribut	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsup \$						
	at isn't covered by the General Rule and/or the Special Rules doesn't file Scl Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ					
	ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	- 01 011 113 F01111 990-FF, F211 1, III16 2, 10				
LHA For Paperwork Reduction	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)				

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

Employer identification number

23-7378021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ 27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- - \$\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- - \$\$15,000.	Person X Payroll

Name of organization
ASSOCIATION FOR RESEARCH ON NON-PROFIT
ORGANIZATIONS & VOLUNTARY ACTION
23-7378021

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1001	Tunio, dudi vvo, dilu Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

23-7378021

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of or				Employer identification number	er
	ION FOR RESEARCH ON NON-PROFIT TIONS & VOLUNTARY ACTION			23-7378021	
Part III		through (e) and the following line charitable, etc., contributions of \$1,000	e entry. For organ)(7), (8), or (10) that total more than \$1,000 for the y	ear
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		<u>_</u>
_	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
_		(e) Transfer of			_
-	Transferee's name, address, ar	nd ZIP + 4	Kela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		
_	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer of	gift		
-	Transferee's name, address, ar			tionship of transferor to transferee	
					_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

Employer identification number 23-7378021

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	l writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structo	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
_	> \$		6 M O (7 M)
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
Iu	historical treasures, or other similar assets held for public exh		•
	the text of the footnote to its financial statements that describ		ince of public service, provide, in rain Am,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed	· ·	
	relating to these items:	addition, or resourer in farther area or pa	bile service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		al gain, provide
_	the following amounts required to be reported under SFAS 11		J, p. 5.1.45
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

Par	rt III Organizations Maintaining	Collections of Art	t, Historical Tre	asures, or	Other	Simila	Assets	(conti	nued)	
3	Using the organization's acquisition, acces	sion, and other records	s, check any of the f	ollowing that a	are a sig	nificant u	se of its c	ollection	items	i
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange progran	ns					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explair	how they further th	e organization	ı's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit							_		_
_	to be sold to raise funds rather than to be r							Yes		<u>No</u>
Par	rt IV Escrow and Custodial Arra		ete if the organization	n answered "Y	es" on l	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, F	<u> </u>								
1a	Is the organization an agent, trustee, custo							٦.,		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:							
	Destination belows					-		Amoun	t	
C										
a	Additions during the year									
e •	Distributions during the year					1e 1f				
f	Ending balance							Yes		No
	If "Yes," explain the arrangement in Part XI					•		_	F	
	rt V Endowment Funds. Complete	e if the organization an	swered "Yes" on Fo	rm 990. Part I	V. line 10					
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r vears	hack
1a	Beginning of year balance		20,449.		449.		20,449.	(5) . 54		449.
b			·	·			•			
c	Net investment earnings, gains, and losses									
d										
е										
	and programs									
f										
g		20 440	20,449.	20,	,449.		20,449.		20,	449.
2	Provide the estimated percentage of the cu	irrent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	·	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment >	%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
За	Are there endowment funds not in the poss	session of the organiza	tion that are held an	d administere	d for the	e organiza	ation	ı		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organi							3b		
4 Dor	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equip		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E 000	5					
	Complete if the organization answer									
	Description of property	(a) Cost or o	• •	I .		cumulate reciation	ed	(d) Boo	k valu	e
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			23,078.		18,			4,	112.
	Other			500.			500.			0.
Total	il. Add lines 1a through 1e. <i>(Column (d</i>) <i>must</i>	equal Form 990. Part	X. column (B), line 10	Oc.)			>		4,	112.

23-7378021

ORGANIZATIONS & VOLUNTARY ACTION

(a) Description	emplete if the organization answered "Yes"				ad of your market water
	of Security or category (including name of security)	(b) Book value	(c) Method of val	aluation: Cost or er	nd-of-year market value
Financial de					
•	I equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
al. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 12.)				
	vestments - Program Related.				
	emplete if the organization answered "Yes"				
	a) Description of investment	(b) Book value	(c) Method of Va	aluation: Cost or er	nd-of-year market value
(1)					
(2)					
(3)					
<u>(4)</u>					
<u>(5)</u>					
<u>(6)</u>					
<u>(7)</u>					
(8)					
(9)					
Part IX Ot	ust equal Form 990, Part X, col. (B) line 13.) ther Assets.				
Co	emplete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(h) Dook volue
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(5) (6)					
(5) (6) (7)					
(5) (6) (7) (8)					
(5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) tal. (Column)	(b) must equal Form 990, Part X, col. (B) line	: 15.)			-
(5) (6) (7) (8) (9) tal. (Column)	ther Liabilities.	,			•
(5) (6) (7) (8) (9) tal. (Column)	ther Liabilities. Implete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column art X Ot	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line		990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column Co	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column Column Column (1) (1) Federal (2) FUNDS	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column Co (1) Federal (2) FUNDS (3)	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column art X Ot Co (1) Federal (2) FUNDS (3) (4)	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column art X Ot (1) Federal (2) FUNDS (3) (4) (5)	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column Column Column Scale X Of Column S	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column art X Ot (1) Federal (2) FUNDS (3) (4) (5)	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column Column Column Scart X Of Column S	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column Column Colu	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column art X Ot (1) Federal (2) FUNDS (3) (4) (5) (6) (7) (8) (9)	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	990, Part X, line 2	5.
(5) (6) (7) (8) (9) tal. (Column of the column of the colu	ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes HELD ON BEHALF OF OTHERS	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value 585.		

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ORGANIZATIONS & VOLUNTARY ACTION

23-7378021

Page 4

Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial staten	nents		1	1,751,050.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		-82,884.		
b Donated services and use of facilities	2b	263,700.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	180,816.
3 Subtract line 2e from line 1			3	1,570,234.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part III Reconciliation of Expenses per Audited Finan	I. line 12.)	whomas har De	5	1,570,234.
Complete if the organization answered "Yes" on Form 990,		xperises per ne	turn.	
	(artiv, iiio 12a.		1	1,787,037.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····		, , , , , , , , , , , , , , , ,
a Donated services and use of facilities	2a	263,700.		
b Prior year adjustments				
c Other losses	· · · · · · · · · · · · · · · · · · ·			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	263,700.
3 Subtract line 2e from line 1			3	1,523,337.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
A 1111 A 141			4c	0.
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Pa			5	1,523,337.
Part XIII Supplemental Information.	<u> </u>		<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4: Part IV. lines 1b an	d 2b: Part V. line 4:	Part X. lin	e 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				o _, . a ,
PART V, LINE 4:				
TART V, BINE 4.				
ARNOVA'S ENDOWMENT CONSISTS SOLEY OF ONE DONOR RESTRIC	TED FUND THAT WAS			
ESTABLISHED TO SUPPORT SCHOLARSHIPS. AS REQUIRED BY GE	NERALLY ACCEPTED			
ACCOUNTING DETACTED BY NEW ACCEMIC ACCOUNTED WITHIN MILE	ENDOUMENM BIND ADE			
ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH THE	ENDOWMENT FUND ARE			
CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSE	NCE OF DONOR-IMPOSED			
RESTRICTIONS.				
PART XI LINE 2B - DONATED SERVICES AND USE OF FACILITI	ES			
PROFESSIONAL EDITORIAL SERVICES RELATED TO THE PUBLICA	TION OF THE NVSQ ARE			
DROWIDED BY VOLUMBERS WHO COMMUNICATE WHEEL WAYS TO AN	INOVA ADMOVA AT CO			
PROVIDED BY VOLUNTEERS WHO CONTRIBUTE THEIR TIME TO AF	MOVA, ANNOVA ALBO			
RECEIVED IN-KIND SERVICES RELATED TO AN INTERNATIONAL	CONFERENCE HELD			_
DURING 2018. THE ORGANIZATION HAS VALUED AND RECORDED	THESE SERVICES,			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. 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

Pai	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered '	'Yes" on
	Form 990, Part IV	V, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers Desc	oribo in Part V the	organization's	procedures for monitoring the use of its	arante and other assistance out	side the
2	United States.	inde in i ait v the	organization s	orocedures for mornitoring the use of its	s grants and other assistance out	Side tile
3		he following Part	I line 3 table ca	an be duplicated if additional space is n	needed)	
	(a) Region	(b) Number of		(d) Activities conducted in the region		(f) Total
	(u) negion	offices	èmployees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent contractors	gram services, investments, grants to		for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
SUB-	SAHARAN AFRICA -					
	LA, BENIN,					
	WANA, BURKINA			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND	
FASC),			CONFERENCE	KNOWLEDGE SHARING	103,417.
MIDE	LE EAST AND					
NORT	'H AFRICA -					
ALGE	RIA, BAHRAIN,			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND	
DJIE	SOUTI, EGYPT,			CONFERENCE	KNOWLEDGE SHARING	75,535.
EAST	ASIA AND THE					
	FIC - AUSTRALIA,					
	IEI, BURMA,			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND	
CAME	ODIA,			CONFERENCE	KNOWLEDGE SHARING	5,692.
	PE - AMSTERDAM &			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND	
LONE	OON			CONFERENCE	KNOWLEDGE SHARING	5,222.
	'H AMERICA -			NONPROFIT AND PHILANTHROPY	EDUCATIONAL AND	4 040
COLU	MBIA			CONFERENCE	KNOWLEDGE SHARING	1,210.
3 a	Subtotal	0	0			191,076.
	Total from continuation					, , , ,
2	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			191,076.

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

Schedule F (Form 990) 2018

ORGANIZATIONS & VOLUNTARY ACTION

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	nsel has provided a sect	recognized as charities by the tition 501(c)(3) equivalency letter					1

Part III	Grants and Other Assistance to Individuals Outside the United States.	Complete if the organization a	answered "Yes"	on Form 990,	Part IV, line 1	16.
	Part III can be duplicated if additional space is needed.					

Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							L.L. E (F 000) 0044

ORGANIZATIONS & VOLUNTARY ACTION Schedule F (Form 990) 2018 Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

 2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

ASSOCIATION FOR RESEARCH ON NON-PROFIT ORGANIZATIONS & VOLUNTARY ACTION

Employer identification number 23-7378021

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERDISCIPLINARY COMMUNITY OF PEOPLE DEDICATED TO FOSTERING THROUGH RESEARCH AND EDUCATION THE CREATION. APPLICATION. AND DISSEMINATION OF KNOWLEDGE ON NONPROFIT ORGANIZATIONS PHILANTHROPY CIVIL SOCIETY AND VOLUNTARY ACTION. ARNOVA IS THE US - BASED, NATIONAL AND INTERNATIONAL ASSOCIATION THAT CONNECTS SCHOLARS, TEACHERS, AND PRACTICE LEADERS INTERESTED IN RESEARCH ON NONPROFIT ORGANIZATIONS, VOLUNTARY ACTION PHILANTHROPY, AND CIVIL SOCIETY. ARNOVA IS A NEUTRAL, OPEN FORUM COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE REALMS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BASED, NATIONAL AND INTERNATIONAL ASSOCIATION THAT CONNECTS SCHOLARS TEACHERS AND PRACTICE LEADERS INTERESTED IN RESEARCH ON NONPROFIT ORGANIZATIONS VOLUNTARY ACTION PHILANTHROPY AND CIVIL SOCIETY. ARNOVA IS A NEUTRAL. OPEN FORUM COMMITTED TO STRENGTHENING THE RESEARCH ABOUT AND HELPING BETTER PRACTICE IN THESE REALMS FORM 990, PART VI, SECTION A, LINE 3: ARNOVA HAS ENTERED INTO AN AGREEMENT WITH INDIANA UNIVERSITY WHERE THE EMPLOYEES OF THE ORGANIZATION ARE PROVIDED BY THE UNIVERSITY. ARNOVA RETAINS THE RIGHT TO ALL HIRING AND FIRING DECISIONS. THE UNIVERSITY IS THE EMPLOYER OF RECORD. ARNOVA REIMBURSES THE UNIVERSITY FOR COMPENSATION BENEFITS AND TAXES. IN ADDITION. ARNOVA PAYS THE UNIVERSITY A SMALL PERCENTAGE OF EXPENDITURES AS AN ADMINISTRATIVE FEE. DURING THE CURRENT YEAR THERE WERE 3 EMPLOYEES. THEIR COMPENSATION HAS BEEN REPORTED ON THE

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Schedule O (Form 990 or 990-EZ) (2018)

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

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

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

THE EXECUTIVE DIRECTOR SIGNS THE RETURN AND PROCEEDS WITH SUBMISSION TO THE

IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE ANNUAL BOARD RETREAT MEMBERS PROVIDE A CONFLICT OF INTEREST FORM.

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

MEETING, NEWLY ELECTED MEMBERS PROVIDE THEIR FORMS. DURING MEETINGS, IF A

Schedule O (Form 990 or 990-EZ) (2018)