

Form **990**

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.		D Employer identification number 54-0573802
	Doing business as		E Telephone number 757-428-3588
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 13,305,057.
	215 67TH STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23451-2061		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
F Name and address of principal officer: REV. DR. NICOLE CHARLES SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW. EDGARCAyce.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1931 M State of legal domicile: VA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT (A.R.E.) IS TO CREATE OPPORTUNITIES FOR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	240
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,110,532.	7,667,832.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,615,026.	2,350,206.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	240,117.	832,345.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,522.	529,261.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,355,197.	11,379,644.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,043,522.	3,707,332.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 661,567.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,201,117.	3,692,260.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,244,639.	7,399,592.
19 Revenue less expenses. Subtract line 18 from line 12	1,110,558.	3,980,052.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,473,808.	20,084,486.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,883,529.	4,446,928.
		11,590,279.	15,637,558.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 1/11/2022
	REV. DR. NICOLE CHARLES, CHIEF EXECUTIVE OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MELISSA H. TUCKER, CPA	Preparer's signature MELISSA H. TUCKER, C	Date 10/10/22	Check if self-employed <input type="checkbox"/>	PTIN P00716515
	Firm's name ▶ PBMARES, LLP	Firm's EIN ▶ 54-0737372		Phone no. 757-627-4644	
Firm's address ▶ 150 BOUSH STREET, SUITE 400		NORFOLK, VA 23510			

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

ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT (A.R.E.) IS TO CREATE OPPORTUNITIES FOR PROFOUND PERSONAL CHANGE IN BODY, MIND, AND SPIRIT THROUGH THE WISDOM FOUND IN THE EDGAR CAYCE MATERIAL.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,797,784. including grants of \$) (Revenue \$ 1,223,023.) EDUCATIONAL PROGRAMS: HEADQUARTER AND FIELD CONFERENCES PROVIDE ORGANIZED EDUCATIONAL PROGRAMS BASED ON AND RELATED TO THE EDGAR CAYCE TOPICS AND TEACHINGS. DUE TO THE IMPACT OF THE CORONAVIRUS, ALL OF OUR EVENTS WERE HELD VIRTUALLY THROUGH JUNE. FROM JULY ONWARD, IN-PERSON EVENTS RETURNED TO OUR CAMPUS AND ALL CONFERENCES GOING FORWARD WERE "HYBRIDS" OFFERING A CONCURRENT VIRTUAL EXPERIENCE. THE VIRTUAL-ONLY PROGRAM SERIES CREATED DURING THE PANDEMIC CONTINUED IN ADDITION TO THE HEADQUARTERS PROGRAMS. WE CONDUCTED 75 VIRTUAL AND HYBRID EVENTS AND TRAININGS IN VARIOUS PLATFORMS AND LENGTHS, WITH 5,575 ATTENDEES FROM ALL PARTS OF THE COUNTRY AND ACROSS THE GLOBE.

4b (Code:) (Expenses \$ 1,353,412. including grants of \$) (Revenue \$ 549,344.) ON-SITE BOOKSTORE: PROMOTES AND SELLS A.R.E. PRESS PUBLICATIONS, A.R.E. HEALTH AND SPA SERVICES: HEALTH AND SPA SERVICES PROVIDES AND ADMINISTERS THE HEALTH CARE MODALITIES RECOMMENDED IN THE EDGAR CAYCE READINGS WHILE ASSISTING INDIVIDUALS IN UTILIZING THEIR OWN INNATE HEALING ABILITIES. OUR GOAL IS TO PROVIDE APPLICATION OF THE EDGAR CAYCE HEALTH READINGS IN A RESPONSIBLE, CARING AND PROFESSIONAL MANNER SUCH THAT THESE SERVICES ALIGN WITH BOTH THE SPIRIT AND PHILOSOPHY OF THE READINGS. THE FOLLOWING SERVICES WERE PROVIDED: BODYWORK (INCLUDING MASSAGE AND ACUPRESSURE), HYDROTHERAPY (INCLUDING COLONICS AND STEAMS), CHIROPRACTIC, ACUPUNCTURE, HYPNOTHERAPY, COUNSELING AND ENERGYWORK. THE HEALTH CENTER AND SPA CONTINUES TO FOLLOW RECOMMENDED COVID-19 PRECAUTIONS AS THE COUNTRY TRANSITIONS FROM A PANDEMIC TO AN ENDEMIC. DESPITE THE PANDEMIC THE CENTER HAS SAFELY AND RESPONSIBLY PROVIDED

4c (Code:) (Expenses \$ 714,813. including grants of \$) (Revenue \$ 753,918.) A.R.E.'S TOTAL MEMBERSHIP WAS 17,022 AT 12/31/21. SOME OF OUR ACCOMPLISHMENTS IN 2021 INCLUDED: WE PROVIDED A FREE ANNUAL MEMBERSHIP (SCHOLARSHIPS) TO 366 INDIVIDUALS WHO WERE NOT ABLE TO PAY FOR THEIR MEMBERSHIP IN 2021. IN 2021, EDGARCAyce.ORG HAD 649,460 VISITORS WITH 2,157,488 PAGEVIEWS. MONTHLY BOUNCE RATE DECREASED BY 3.1% MEANING PEOPLE ARE FINDING MORE VALUE IN THEIR VISIT TO THE SITE. TOP PAGES INCLUDED THE READINGS, MEMBER VIDEOS, ENLIGHTENMENT SERIES, AND MEMBERSHIP MONDAYS. TOP COUNTRIES U.S., CANADA, AUSTRALIA, ENGLAND, AND INDIA. WEBSITE VISITORS CAME PRIMARILY FROM THE U.S. HERE ARE SOME STATS FROM OUR WEBSITE:

4d Other program services (Describe on Schedule O.) (Expenses \$ 273,242. including grants of \$) (Revenue \$ 290,790.)

4e Total program service expenses 6,139,251.

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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ENLIGHTENMENT, INC.**

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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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	166
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

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		86
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		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 file a Form 1098-C?		
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	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	13		
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		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O	9			X

Section 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		X	
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		X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
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?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on 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			X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
DENISE FURGASON - 757-428-3588
215 67TH STREET, VIRGINIA BEACH, VA 23451

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,201,971.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,465,861.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,300,756.				
	h Total. Add lines 1a-1f			7,667,832.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code					
		624100	831,795.	831,795.			
	b HEALTH SERVICE FEES	624100	602,105.	602,105.			
	c TUITION	624100	511,753.	511,753.			
	d CONFERENCE FEES	541900	301,890.	301,890.			
	e OTHER PROGRAM SERVICE FEES	624100	80,196.	80,196.			
	f All other program service revenue	624100	22,467.	22,467.			
g Total. Add lines 2a-2f			2,350,206.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		114,126.			114,126.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		29,332.			29,332.	
	6 a Gross rents	6a	(i) Real	33,060.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	33,060.				
	d Net rental income or (loss)			33,060.		33,060.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,341,890.	1038766.		
			(ii) Other				
				1,055,372.	607,065.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c	286,518.	431,701.			
d Net gain or (loss)			718,219.		718,219.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	729,845.					
b Less: cost of goods sold	10b	262,976.					
c Net income or (loss) from sales of inventory			466,869.	466,869.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			11,379,644.	2,817,075.	0.	894,737.	

**ASSOCIATION FOR RESEARCH &
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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).

Check if Schedule O contains a response or note to any line in this Part IX **X**

Do not include amounts reported on lines 6b, 7b, 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, trustees, and key employees	821,406.	381,058.	228,663.	211,685.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,331,715.	2,085,567.	65,253.	180,895.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	322,960.	290,595.	32,365.	
10 Payroll taxes	231,251.	182,338.	20,290.	28,623.
11 Fees for services (nonemployees):				
a Management				
b Legal	283,329.	245,767.	4,415.	33,147.
c Accounting	44,718.	38,795.	693.	5,230.
d Lobbying				
e 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.)	1,044,309.	983,562.	50,239.	10,508.
12 Advertising and promotion	127,588.	113,025.		14,563.
13 Office expenses	550,552.	478,547.	7,881.	64,124.
14 Information technology				
15 Royalties				
16 Occupancy	103,407.	85,788.	17,619.	
17 Travel	18,826.	13,033.	116.	5,677.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	182,310.	158,610.	23,700.	
21 Payments to affiliates	7,500.	7,500.		
22 Depreciation, depletion, and amortization	469,516.	389,698.	65,732.	14,086.
23 Insurance	252,760.	213,401.	32,413.	6,946.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	217,580.	190,233.	27,347.	
b PROGRAM EXPENSES	203,773.	120,076.		83,697.
c DUES AND SUBSCRIPTIONS	105,802.	93,186.	11,527.	1,089.
d LICENSES AND FEES	43,295.	31,968.	10,157.	1,170.
e All other expenses	36,995.	36,504.	364.	127.
25 Total functional expenses. Add lines 1 through 24e	7,399,592.	6,139,251.	598,774.	661,567.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**ASSOCIATION FOR RESEARCH &
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,632,113.	1	2,154,382.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	25,000.	3	286,964.	
	4 Accounts receivable, net	343,719.	4	221,505.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	252,525.	8	212,936.	
	9 Prepaid expenses and deferred charges	242,691.	9	427,002.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,922,595.			
	b Less: accumulated depreciation	10b 5,442,710.	6,403,696.	10c	6,479,885.
	11 Investments - publicly traded securities	4,259,076.	11	6,880,348.	
	12 Investments - other securities. See Part IV, line 11	2,010,090.	12	2,166,343.	
	13 Investments - program-related. See Part IV, line 11	992,135.	13	975,426.	
	14 Intangible assets	80,405.	14	80,405.	
	15 Other assets. See Part IV, line 11	232,358.	15	199,290.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,473,808.	16	20,084,486.		
Liabilities	17 Accounts payable and accrued expenses	356,496.	17	615,837.	
	18 Grants payable		18		
	19 Deferred revenue	1,077,000.	19	931,024.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties	2,521,705.	23	2,190,367.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	928,328.	25	709,700.	
	26 Total liabilities. Add lines 17 through 25	4,883,529.	26	4,446,928.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,355,395.	27	6,556,867.	
	28 Net assets with donor restrictions	6,234,884.	28	9,080,691.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	11,590,279.	32	15,637,558.	
	33 Total liabilities and net assets/fund balances	16,473,808.	33	20,084,486.	

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**ASSOCIATION FOR RESEARCH &
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Part XI 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	11,379,644.
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,399,592.
3 Revenue less expenses. Subtract line 2 from line 1	3	3,980,052.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,590,279.
5 Net unrealized gains (losses) on investments	5	67,593.
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 on Schedule O)	9	-366.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,637,558.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**ASSOCIATION FOR RESEARCH &
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2750830.	2583677.	2986274.	4110532.	7667832.	20099145.
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	4880563.	4623374.	5021824.	3203968.	3080051.	20809780.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7631393.	7207051.	8008098.	7314500.	10747883.	40908925.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	36,000.	106,767.	189,981.	168,405.	156,483.	657,636.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	36,000.	106,767.	189,981.	168,405.	156,483.	657,636.
8 Public support. (Subtract line 7c from line 6.)						40251289.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	7631393.	7207051.	8008098.	7314500.	10747883.	40908925.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	139,901.	230,952.	167,074.	120,422.	176,518.	834,867.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	139,901.	230,952.	167,074.	120,422.	176,518.	834,867.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	7771294.	7438003.	8175172.	7434922.	10924401.	41743792.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	96.42 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.75 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	2.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.25 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**ASSOCIATION FOR RESEARCH &
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

Schedule A (Form 990) 2021

54-0573802 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

Employer identification number

54-0573802

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>11,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>73,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>20,269.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>11,419.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>40,471.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
13		\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 77,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 36,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
19		\$ 8,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 71,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
25	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ <u>5,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ <u>7,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
31	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>11,551.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>498,864.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>11,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>5,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 100,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 20,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
43	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ <u>5,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ <u>15,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
49	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 592,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
61		\$ 8,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
67		\$ 14,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 9,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 37,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
73	<hr/> <hr/> <hr/>	\$ <u>295,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ <u>2,210,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ <u>374,216.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ <u>5,409.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ <u>1,201,971.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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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
33	SHARES OF ALLSPRING OPP., STERLING CAPITAL, OLD DOMINION FREIGHT, ENBRIDGE	\$ 367,422.	12/16/21
72	SHARES OF TEXAS PACIFIC	\$ 37,300.	12/30/21
73	IMPROVED REAL ESTATE: 5191 MARINA DRIVE, BOKEELIA, FL 33922	\$ 295,000.	07/01/21
74	IMPROVED REAL ESTATE: 800 CORONADO AVE, CORONADO, CA	\$ 2,210,000.	06/03/21
75	SHARES OF VARIOUS STOCK	\$ 374,216.	02/25/21
76	SHARES OF IBM	\$ 5,409.	12/31/21

Name of organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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. 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. 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. 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	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC. Employer identification number 54-0573802

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included in Form 990.

ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization'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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a Beginning of year balance, 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.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 30.3750%
b Permanent endowment 64.5540%
c Term endowment 5.0710%
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
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED INCOME		
(B) FUND-CORPORATE DEBT		
(C) SECURITIES	1,107,192.	END-OF-YEAR MARKET VALUE
(D) POOLED INCOME		
(E) FUND-EQUITIES	943,174.	END-OF-YEAR MARKET VALUE
(F) POOLED INCOME FUND-CASH		
(G) EQUIVALENTS	66,370.	END-OF-YEAR MARKET VALUE
(H) VANGUARD ANNUITY	11,201.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,166,343.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1.	
(1) Federal income taxes	
(2) OTHER CURRENT LIABILITIES	46,702.
(3) ANNUITY PAYABLE	653,759.
(4) CAPITAL LEASE OBLIGATIONS	9,239.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	709,700.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,447,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	67,593.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	257.
e	Add lines 2a through 2d	2e	67,850.
3	Subtract line 2e from line 1	3	11,379,644.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	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 I, line 12.)	5	11,379,644.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,400,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	623.
e	Add lines 2a through 2d	2e	623.
3	Subtract line 2e from line 1	3	7,399,592.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,399,592.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

A.R.E.'S QUASI-ENDOWMENT FUNDS ARE FUNDS SET ASIDE OF WHICH EARNINGS AND/OR PRINCIPAL ARE TO BE USED FOR BOARD DESIGNATION PURPOSES.

PART X, LINE 2:

A.R.E. AND ITS AFFILIATES, E.C.F. AND A.U., ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME, IF ANY, RESULTING FROM UNRELATED BUSINESS TAXABLE INCOME.

FASB ASC TOPIC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

Part XIII Supplemental Information *(continued)*

RETURN. THE ORGANIZATION'S MANAGEMENT HAS EVALUATED THE IMPACT OF THE
STANDARD TO ITS CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION'S
INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES,
GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.
THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND
PENALTIES IN INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PASSTHROUGH K-1 ACTIVITY NOT ON BOOKS 257.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT 623.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.** Employer identification number **54-0573802**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	795,756.	COMPARABLE SALES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	2,505,000.	
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,
COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number	54-0573802
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFOUND PERSONAL CHANGE IN BODY, MIND, AND SPIRIT THROUGH THE WISDOM
FOUND IN THE EDGAR CAYCE MATERIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCE DVD'S, RELATED OUTSIDE PUBLICATIONS, AND PERIPHERAL ITEMS.

THIS SALES VENUE IS FOR THE CONVENIENCE OF OUR MEMBERS, DONORS,
VISITORS AND SUPPORTERS, INCLUDING CONFEREES, MASSAGE THERAPY STUDENTS,
AND SPIRITUAL / HEALTH SEEKERS TO ASSIST THEM IN IMPROVING THEIR LIVES
PHYSICALLY, MENTALLY, AND SPIRITUALLY.

PRISON OUTREACH: PROVIDES PRISONERS AND PRISON LIBRARIES WITH FREE
BOOKS BASED ON THE EDGAR CAYCE MATERIAL AND A PRISON "PEN PAL" PROGRAM,
ASSISTING INMATES WITH CONCEPTS AND QUESTIONS IN THE EDGAR CAYCE
MATERIAL.

PRAYER & MEDITATION SERVICES: SERVES AS BOTH A RESOURCE CENTER AND A
WELL-NETWORKED INTERNATIONAL PRAYER SERVICE. OUR MONTHLY INTERNATIONAL
PRAYER SERVICE INCLUDES AN INSPIRATIONAL PRAYER LETTER (ELECTRONIC OR
MAILED TO ALMOST 3,000 PEOPLE WHO PRAY FOR THOSE ON THE LIST), WHICH IS
PROMOTED TO HELP THOSE IN NEED: WWW.WORLDPRAAYERGROUP.ORG. EACH YEAR,
APPROXIMATELY 36,000 PRAYER PARTICIPANTS ARE SERVED.

STUDY GROUPS/SPIRITUAL GROWTH GROUPS: SERVE AS A RESOURCE CENTER FOR
THE NUMEROUS STUDY GROUPS AND SPIRITUAL GROWTH GROUPS IN THE U.S. AND
ABROAD. THE WORLDWIDE TOTAL OF ECUMENICAL STUDY GROUPS STANDS AT 365

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number	54-0573802
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INCLUDING OVER 100 GROUPS LOCATED IN PENITENTIARIES AROUND THE U.S. IN 2021, THE COVID-19 PANDEMIC CONTINUED TO KEEP MANY OF THESE GROUPS ONLINE. THIS DEPARTMENT AIDS IN THE START-UPS OF NEW GROUPS, DISSEMINATES THE APPROPRIATE CAYCE MATERIAL (BOOKS, PUBLICATIONS, ETC.) AND STUDY GROUP GUIDELINES, RESPONDS TO VARIOUS GROUPS' INQUIRIES, AND RESOLVES ISSUES THAT ARISE WITH THE VARIOUS STUDY GROUP OPERATIONS.

OUTREACH: ALTHOUGH THE INTERNATIONAL HEADQUARTERS OF THE EDGAR CAYCE WORK IS LOCATED IN VIRGINIA BEACH, VIRGINIA, THE A.R.E. COMMUNITY IS A GLOBAL NETWORK OF INDIVIDUALS WHO OFFER CONFERENCES, EDUCATIONAL ACTIVITIES, SERVICE PROJECTS, OUTREACH AND FELLOWSHIP AROUND THE WORLD. IN ADDITION TO THE VIRGINIA BEACH HEADQUARTERS, VOLUNTEER ACTIVITIES ARE MANAGED BY AREA TEAMS COMPRISED OF MORE THAN 350 VOLUNTEERS THROUGHOUT THE USA. THERE ARE ALSO "EDGAR CAYCE CENTERS" IN MORE THAN 30 COUNTRIES AND OVER 100 VOLUNTEER CONTACTS THROUGHOUT THE WORLD. THIS OUTREACH PROVIDES INDIVIDUALS AROUND THE WORLD THE OPPORTUNITY TO MEET WITH LOCAL A.R.E. REPRESENTATIVES AND CAYCE ENTHUSIASTS, TAKE PART IN ECUMENICAL SPIRITUAL DISCUSSION GROUPS, ATTEND EDUCATION PROGRAMS AND HEAR HOW THE CAYCE INFORMATION CONTINUES TO HELP INDIVIDUALS CHANGE THEIR LIVES FOR THE BETTER PHYSICALLY, MENTALLY, AND SPIRITUALLY. IN ADDITION TO INTERNATIONAL STUDY GROUPS AND ONGOING EDUCATIONAL PROGRAMS, THE A.R.E. COMMUNITY OFFERS A WEALTH OF FREE INFORMATION ON A VARIETY OF WEBSITES, ONGOING SERVICE PROJECTS, SUCH AS PRISON OUTREACH, EDUCATIONAL PROGRAMS FOR YOUTH AND CLASSES ON A VARIETY OF TOPICS. MORE INFORMATION ABOUT THESE AND MORE OPPORTUNITIES CAN BE FOUND AT: WWW.EDGARCAyce.ORG.

A.R.E. TOURS: FOR OVER 50 YEARS, A.R.E. HAS BEEN PROVIDING A UNIQUE

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EDUCATIONAL TRAVEL PROGRAM FOR MEMBERS AND FRIENDS OF THE CAYCE INFORMATION. IN ADDITION TO PROVIDING ORGANIZATIONAL OPPORTUNITIES FOR FUND-RAISING AND DEVELOPMENT WITH INDIVIDUAL TRAVELERS, EACH TOUR PRESENTS KNOWLEDGEABLE SPEAKERS AND RELEVANT INFORMATION FROM THE EDGAR CAYCE READINGS, ALONG WITH THE EXPERIENCE OF VISITING SPECIAL AREAS OF THE GLOBE WITH HISTORICAL, SPIRITUAL, OR METAPHYSICAL SIGNIFICANCE THAT ARE TIED TO UNIQUE INSIGHTS FOUND IN THE CAYCE READINGS. IN ADDITION, THE TOUR PROVIDES MEMBERS WITH THE CHANCE TO MEET WITH AND GET TO KNOW LIKEMINDED FELLOW TRAVELERS WITH SIMILAR INTERESTS, AND THE OPPORTUNITY TO MEDITATE DAILY AND WORK ON DREAMS TOGETHER. IN 2021 DUE TO COVID-19 ALL A.R.E. TRAVEL PROGRAMS FOR MEMBERS/TRAVELERS WERE CANCELLED.

ARCHAEOLOGICAL RESEARCH: COORDINATES ARCHAEOLOGICAL EXPEDITIONS IN SEARCH OF (AND FINDING EVIDENCE OF) ANCIENT CULTURES THAT ARE MENTIONED IN THE CAYCE DISCOURSES, AND DISSEMINATING SIMILAR INFORMATION FROM LIKE-MINDED INDIVIDUALS AND ORGANIZATIONS THROUGH OUR MEMBER MATERIALS AND AT OUR ANNUAL ANCIENT MYSTERIES CONFERENCE.

METAPHYSICAL LIBRARY: THE A.R.E. LIBRARY IS A LIVING MEMORIAL TO THE LIFE AND WORK OF EDGAR CAYCE, WHOSE MORE THAN 14,000 PSYCHIC READINGS FORM THE CORE OF THE COLLECTION. IN ADDITION TO THE CAYCE READINGS, THE LIBRARY HOUSES ONE OF THE LARGEST COLLECTIONS IN THE WORLD MORE THAN 80,000 VOLUMES SPECIALIZING IN THE FIELDS OF METAPHYSICS, PARAPSYCHOLOGY, COMPARATIVE RELIGIOUS STUDIES, HOLISTIC HEALTH, ANCIENT CIVILIZATIONS, AND PSYCHOLOGY AS WELL AS FOREIGN LANGUAGE EDITIONS OF EDGAR CAYCE BOOKS. OUR LIBRARY HOUSES THE LARGEST REPOSITORY OF METAPHYSICAL BOOKS, CDS, DVDS, AND PERIODICALS IN NORTH AMERICA AND SOME OF THE LARGEST COLLECTIONS IN THE WORLD, INCLUDING THE EDGERTON

Name of the organization	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number	54-0573802
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SYKES COLLECTION (ATLANTIS), THE ANDREW JACKSON DAVIS COLLECTION (PSYCHIC EXPERIENCES), AS WELL AS VERBATIM COPIES OF THE COMPLETE EDGAR CAYCE READINGS. BOOKS AND CIRCULATING FILES MAY BE CHECKED OUT TO MEMBERS OF EDGAR CAYCE'S A.R.E., STUDENTS OF ATLANTIC UNIVERSITY OR THE CAYCE/REILLY SCHOOL OF MASSAGE. MEMBERS HAVE ACCESS TO A DIGITAL COLLECTION OF HISTORICAL PUBLICATIONS.

CAYCE/REILLY SCHOOL OF MASSAGE: THE CAYCE/REILLY SCHOOL OF MASSAGE OFFERS A QUALITY, COMPREHENSIVE EDUCATION IN BOTH THE ART AND SCIENCE OF MASSAGE BASED ON THE HOLISTIC PRINCIPLES OF THE EDGAR CAYCE READINGS AND IN THE SPIRIT OF DR. HAROLD J. REILLY. STUDENTS OF THE CAYCE/REILLY SCHOOL EXPERIENCE THE CONVERGENCE OF LEADING-EDGE TECHNICAL INSTRUCTION WITH THE CONCEPTS AND PHILOSOPHIES OF THE HOLISTIC HEALING ARTS, WITH AN EMPHASIS ON THE HEALTH PHILOSOPHIES AND REMEDIES CONTAINED IN THE EDGAR CAYCE READINGS. THE SCHOOL ALSO OFFERS CONTINUING EDUCATION COURSES FOR ALREADY LICENSED/CERTIFIED MASSAGE THERAPISTS. ALL CLASSES OFFERED THROUGH THIS PROGRAM ARE IN ALIGNMENT WITH THE HEALTH AND HOLISTIC PRINCIPLES OF BOTH THE CAYCE/REILLY SCHOOL AND THE A.R.E. IN 2021, THE SCHOOL CONTINUED TO PROVIDE HYBRID INSTRUCTION WHERE STUDENTS MET IN-PERSON FOR HANDS-ON COURSES AND VIRTUALLY FOR LECTURE-BASED COURSES. THE SCHOOL'S OPERATIONS AND TRAINING CONTINUED WITHOUT INTERRUPTION AND PROVIDED EDUCATION TO 47 STUDENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
8,036 HEALTH AND SPA SERVICES SINCE JANUARY 2021.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
TOP COUNTRIES PRODUCING TRAFFIC:

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COUNTRY SESSIONS/USERS

1. UNITED STATES 811,116/507,563

2. CANADA 59,789/37,595

3. UNITED KINGDOM 26,955/18,806

4. AUSTRALIA 22,138/14,636

5. INDIA 9,619/6,435

6. GERMANY 5,340/3,702

7. JAPAN 4,630/2,842

8. NETHERLANDS 4,326/3,181

9. FRANCE 4,213/2,347

10. IRELAND 4,078/2,347

TOP SOURCES OF TRAFFIC INCLUDED (IN ORDER OF RANKING):

ORGANIC

DIRECT

SOCIAL

REFERRAL

PAID

USER DEVICES WERE SPLIT INTO THESE THREE CATEGORIES:

55.7% MOBILE

39.1% DESKTOP

5.2% TABLET

OUR YOUTUBE SUBSCRIBERS GREW FROM 52,637 TO 53,865 IN 2021.

REFLECTIONS PODCAST HAD A TOTAL OF 33,752 DOWNLOADS IN 2021 WITH AN ALL-TIME TOTAL OF 132,226 SINCE IT STARTED IN SEPTEMBER 2018.

OUR FACEBOOK PAGE GREW FROM 203,895 LIKES IN 2021 TO 220,962; AND OUR FOLLOWERS GREW FROM 198,776 IN 2021 TO 199,693 AT YEAR END.

Name of the organization	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number	54-0573802
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OUR INSTAGRAM PAGE CONTINUES TO BE OUR FASTEST GROWING SOCIAL MEDIA PLATFORM. IN SEPTEMBER 2019 WE WERE AT 11,552 AND AT YEAR END WE WERE AT 20,950.

IN JUNE OF 2021, WE LAUNCHED A NEW TIKTOK CHANNEL RESULTING 450 FOLLOWERS AND 7,555 LIKES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLICATION AND DISSEMINATION: PROMOTES AND SELLS A.R.E. PRESS PUBLICATIONS, AND A.R.E. CONFERENCE DVD'S. THIS SALES VENUE IS FOR THE CONVENIENCE OF OUR MEMBERS, DONORS, AND SUPPORTERS, INCLUDING CONFEREES, STUDENTS, AND SPIRITUAL / HEALTH SEEKERS TO ASSIST THEM IN IMPROVING THEIR LIVES PHYSICALLY, MENTALLY, AND SPIRITUALLY. THIS VENUE PROMOTES AND REACHES OUTSIDE OF THE LOCAL VIRGINIA BEACH DEMOGRAPHICS TO NATIONAL AND INTERNATIONAL SEEKERS.

IN-HOUSE PUBLICATIONS: A.R.E. PRESS PUBLISHES AND DISTRIBUTES BOOKS AND MEDIA TO WHOLESALE AND RETAIL BOOKSTORES THAT ARE BASED ON AND RELATED TO THE EDGAR CAYCE TOPICS AND TEACHINGS. CERTAIN PUBLICATIONS ARE ALSO OFFERED IN SPANISH. ALL OF A.R.E. PRESS PUBLICATIONS ARE ALSO AVAILABLE AS EBOOKS AND NUMEROUS TITLES ARE AVAILABLE AS AUDIOBOOKS.

EXPENSES \$ 273,242. INCLUDING GRANTS OF \$ 0. REVENUE \$ 290,790.

FORM 990, PART VI, SECTION A, LINE 2:

JOHN VAN AUKEN, A DIRECTOR OF ARE, IS THE FATHER OF JAMES VAN AUKEN, A DIRECTOR OF ATLANTIC UNIVERSITY AND CAYCE-REILLY SCHOOL.

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

THE FORM 990 TAX RETURN WAS MADE AVAILABLE ON THE BOARD OF TRUSTEES'

Name of the organization	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number	54-0573802
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WEBSITE. EACH BOARD MEMBER RECEIVED A PERSONAL E-MAIL NOTIFICATION THAT THE TAX RETURN WAS AVAILABLE FOR VIEWING.

PART V, Q 1C

QUESTION 1C DOES NOT APPLY TO THE ORGANIZATION BECAUSE THE ORGANIZATION DID NOT HAVE BACKUP WITHHOLDING FOR REPORTABLE PAYMENTS TO VENDORS AND REPORTABLE GAMING WINNINGS.

FORM 990, PART V, Q 7G AND 7H

QUESTIONS 7G AND 7H DO NOT APPLY TO THE ORGANIZATION BECAUSE THE ORGANIZATION DID NOT HAVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY OR CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES DURING THE YEAR.

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

THE A.R.E'S BOARD GOVERNANCE PROCESS REQUIRES ALL BOARD OF TRUSTEES MEMBERS TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY.

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

ALL PERSONNEL SALARIES ARE BASED ON WAGE AREA GUIDELINES. CEO COMPENSATION IS ESTABLISHED WITHIN GUIDELINES PER CHARITY NAVIGATOR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Name of the organization	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number	54-0573802
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ALL INFORMATION IS AVAILABLE UPON REQUEST. THE 990 FILING IS ALSO READILY AVAILABLE IN THE A.R.E. LIBRARY. 990 RETURNS ARE ALSO POSTED ON GUIDESTAR, A NONPROFIT WEBSITE.

FORM 990, PART VII, COLUMN (F)

THE MAJORITY OF OTHER COMPENSATION IS ASSOCIATED WITH HEALTH INSURANCE PREMIUMS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	25,412.
MANAGEMENT AND GENERAL EXPENSES	3,797.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,209.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	958,150.
MANAGEMENT AND GENERAL EXPENSES	46,442.
FUNDRAISING EXPENSES	10,508.
TOTAL EXPENSES	1,015,100.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,044,309.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PASSTHROUGH ACTIVITY NOT ON BOOKS	257.
UNCOLLECTIBLE ACCOUNTS	-623.
TOTAL TO FORM 990, PART XI, LINE 9	-366.

Name of the organization ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.	Employer identification number 54-0573802
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PART XI, LINE 2C

THE FINANCE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT. IN JUNE OF EACH YEAR, THE FINANCE COMMITTEE LISTENS TO A REPORT ON THE AUDIT. THE BOARD THEN LISTENS TO THE RECOMMENDATION OF MANAGEMENT AND VOTES ON A MOTION TO ENGAGE, OR DIS-ENGAGE THE AUDITORS BASED ON PROPOSAL FEES, NUMBER OF YEARS ENGAGED, ETC.

FORM 990, SCHEDULE M, LINE 9

THE ORGANIZATION RECEIVES NON-CASH CONTRIBUTIONS TO SATISFY PLEDGES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.** Employer identification number **54-0573802**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ATLANTIC UNIVERSITY - 54-0784341 215 67TH STREET VIRGINIA BEACH, VA 23451	GRADUATE/MASTERS LEVEL STUDIES	VIRGINIA	501(C)(3)	LINE 2	ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT	X	
EDGAR CAYCE FOUNDATION - 54-0538204 215 67TH STREET VIRGINIA BEACH, VA 23451	PERMANENT LEGAL & PHYSICAL CUSTODY OF HISTORICAL RESOURCES	VIRGINIA	501(C)(3)	LINE 12A, I	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT	X	
ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT, INC. REGIONS - 91-1865950, 215 67TH STREET, VIRGINIA BEACH, VA 23451	EDUCATION	VIRGINIA	501(C)(3)	LINE 10	ASSOCIATION FOR RESEARCH & ENLIGHTENMENT		X

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

Schedule R (Form 990) 2021

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**ASSOCIATION FOR RESEARCH &
ENLIGHTENMENT, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

ASSOCIATION FOR RESEARCH & ENLIGHTENMENT, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
12	BUILDING IMPROVEMENTS	VARIOUS	SL	.000		16	3,577,563.				3,577,563.	971,372.		0.	971,372.
13	BUILDINGS	VARIOUS	SL	.000		16	4,029,278.				4,029,278.	1,400,853.		0.	1,400,853.
	* 990 PAGE 10 TOTAL BUILDINGS						7,606,841.				7,606,841.	2,372,225.		0.	2,372,225.
	MACHINERY & EQUIPMENT														
14	COMPUTER EQUIPMENT	VARIOUS	SL	.000		16	1,002,516.				1,002,516.	719,164.		0.	719,164.
15	EQUIPMENT	VARIOUS	SL	.000		16	1,654,633.				1,654,633.	835,294.		0.	835,294.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,657,149.				2,657,149.	1,554,458.		0.	1,554,458.
	TRANSPORTATION EQUIPMENT														
11	AUTO	VARIOUS	SL	.000		16	9,900.				9,900.	9,900.		0.	9,900.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						9,900.				9,900.	9,900.		0.	9,900.
	LAND														
16	LAND	VARIOUS	L				421,041.				421,041.			0.	
	* 990 PAGE 10 TOTAL LAND						421,041.				421,041.	0.		0.	0.
	OTHER														
17	LAND IMPROVMENTS	VARIOUS	SL	.000		16	291,725.				291,725.	205,099.		0.	205,099.
18	CAPITALIZED COSTS	VARIOUS	SL	.000		16	65,132.				65,132.	11,915.		0.	11,915.
	* 990 PAGE 10 TOTAL OTHER						356,857.				356,857.	217,014.		0.	217,014.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						11051788.				11051788.	4,153,597.		0.	4,153,597.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone