Department of the Treasury

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Internal Revenue Service

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## EXTENDED TO NOVEMBER 15, 2019

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

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

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

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<u>A I</u>	or th	and and a calendar year, or tax year beginning and	enaing		
B	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	•   THE AMERICAN RADIO RELAY LEAGUE, INC.			
	Name Chang	e Doing business as		06-6	000004
	Initial		Room/suite	E Telephone number	
	Final return	225 MAIN STREET		860-	594-0200
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	21,299,389.
	Amen	NEWINGTON, CT 08111-1494		H(a) Is this a group re	
	Applie tion	F Name and address of principal officer: DIANE MIDDLEION		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) (	or 527	If "No," attach a	list. (see instructions)
		te: WWW.ARRL.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1914  N	A State of legal domicile: CT
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: <b>PROM</b>			IN AMATEUR
Ű.		RADIO AND THE ESTABLISHMENT OF AMATEUR RA			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	1 1	
Ň	3			15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			91
	6	Total number of volunteers (estimate if necessary)			58679
Act		Total unrelated business revenue from Part VIII, column (C), line 12			1,844,103.
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,827,485.	1,089,629.
Revenue	9	Program service revenue (Part VIII, line 2g)		10,709,763.	10,583,072.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		498,384.	650,647.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,438,463.	1,410,944.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,474,095.	<u>13,734,292.</u> 7,109.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		63,450. 0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		6,956,064.	7,138,488.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,950,004.	1,130,400.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)   476,83	26	0.	0.
				6,054,346.	5,883,573.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,073,860.	13,029,170.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,400,235.	705,122.
0	19	Revenue less expenses. Subtract line 18 from line 12			•
ts or		Tatel assets (Dart V. line 10)		ginning of Current Year 32,702,596.	End of Year 32,408,215.
Assets	20	Total assets (Part X, line 16)		12,191,194.	12,633,439.
let A	1	Total liabilities (Part X, line 26)		20,511,402.	19,774,776.
	art II	Net assets or fund balances. Subtract line 21 from line 20		<u>40,J11,402.</u>	17,114,110.

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	Signature of officer		[	Date
Here	DIANE MIDDLETON, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	PAUL BALLASY	PAUL BALLASY	07/31/	19 self-employed P00852868
Preparer	Firm's name <b>COHNREZNICK LLP</b>		F	Firm's EIN <b>22–1478099</b>
Use Only	Firm's address 350 CHURCH STREE	T, 12TH FLOOR		
	HARTFORD, CT 061	.03	F	Phone no. 959 – 200 – 7000
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2018)

Form	990 (2018) THE AMERICAN RADIO RELAY LEAGUE, INC.	06-6000004	Page <b>2</b>
Pa	rt 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 PURPOSES FOR WHICH OUR CORPORATION IS FORMED ARE THE	FOLLOWING:	
	THE PROMOTION OF INTEREST IN AMATEUR RADIO COMMUNICATION		
	EXPERIMENTATION; THE ESTABLISHMENT OF AMATEUR RADIO NETWO	ORKS TO	
	PROVIDE ELECTRONIC COMMUNICATIONS IN THE EVENT OF DISAST		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	masured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		d
		s, the total expenses, ar	iu
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$3, 262, 596. including grants of \$7, 109. ) (Revenue)	6 820	500 \
4a	(Code:) (Expenses \$3, 262, 596. including grants of \$7, 109. (Revenue PROMOTION OF PUBLIC INTEREST IN AND EXPERIMENTATION WITH		
			10
	COMMUNICATIONS, ENCOURAGEMENT OF THE EXCHANGE OF IDEAS AN	ND EAPERIISE	
	AMONG MEMBERS AND VARIOUS OTHER MEMBERSHIP PROGRAMS.		
4b	(Code:) (Expenses \$2 , 546 , 664including grants of \$) (Revenue (Code:) (Revenue (Code:)) (Re		
	QST: MONTHLY PERIODICAL FOR ARRL MEMBERS (CIRCULATION API		)
	TO DELIVER NEWS AND INFORMATION RELATED TO AMATEUR RADIO		
	PRODUCT REVIEWS AND EDITORIAL CONTENT. APPROXIMATELY 538	8 COPIES	
	MONTHLY ARE DISTRIBUTED THROUGH WHOLESALERS.		
4c	(Code:) (Expenses \$746,181. including grants of \$) (Revenue)	ue\$ 301,	525 <b>.</b> )
	ADVOCACY: PROMOTE THE USE OF AMATEUR RADIO, ESPECIALLY AS		/
	COMMUNICATION IN TIME OF DISASTER. MONITOR FCC REGULATION		วร
	TO AMATEUR RADIO ON BEHALF OF MEMBERS. MONITOR LEGISLATIO		
		ORTANT CHANG	ES.
4d	Other program services (Describe in Schedule O.)	11-	
	(Expenses \$ 445,458. including grants of \$ ) (Revenue \$	115.)	
4e	Total program service expenses       7,000,899.	_ ^	<b>90</b> (2018)
		Form 3	<b>20</b> (2018)

Form 990 (2			AMERICAN	RADIO	RELAY	LEAGUE,	INC.
Part IV	Checklist of Rec	quire	d Schedules				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		Х

Form 990 (2018)		AMERICAN		LEAGUE,	INC.
Part IV Checklist of	f Require	d Schedules <sub>(</sub>	(continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
28	of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note. All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Vaa	
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 77		Yes	No
ia b				
c c				
v	(gambling) winnings to prize winners?	1c	Х	

(gambling) winnings to prize winners?

Form	990 (2018) THE AMERICAN RADIO RELAY LEAGUE, INC. 06-6000	004	Р	<sub>age</sub> 5
			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 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> 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			37

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Х
	If "Yes," complete Form 4720, Schedule O.		

Form 990 (2018)
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#### THE AMERICAN RADIO RELAY LEAGUE, 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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		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			
600	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CT			1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)	<i>.</i> .		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	TINANC	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► DIANE MIDDLETON - 860-594-0200			
	225 MAIN ST, NEWINGTON, CT 06111-1494			
	225 MAIN SI, MENTINGION, CI VUIII-1494			

Page 7

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	trustee or director				ed		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	In dividual t	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TOM ABERNETHY	line)	<u> </u>	Ű	0ff	Ke	ĒĒ	Fo			
(1) TOM ABERNETHY DIRECTOR	10.00	х						0.	0.	0.
(2) DWAYNE ALLEN	10.00	^				-		0.	0.	0.
OUTGOING DIRECTOR	10.00	x						0.	0.	0.
(3) ROD BLOCKSOME	10.00	Δ						0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(4) JIM BOEHNER	10.00	^						0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(5) KERMIT CARLSON	10.00								0.	0.
DIRECTOR	10.00	х						0.	0.	0.
(6) THOMAS FRENAYE	10.00							<b>Ŭ</b>		<u>0.</u>
DIRECTOR	0.50	х						0.	0.	0.
(7) MATT HOLDEN	10.00									
DIRECTOR		x						0.	0.	0.
(8) MIKE LISENCO	10.00									
DIRECTOR		х						0.	0.	0.
(9) DAVID NORRIS	10.00									
DIRECTOR	0.50	х						0.	0.	0.
(10) RICHARD NORTON	10.00									
DIRECTOR		Х						0.	0.	0.
(11) JIM PACE	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(12) JEFF RYAN	10.00									
DIRECTOR		Х						0.	0.	0.
(13) GREG SARRATT	10.00									
DIRECTOR		Х						0.	0.	0.
(14) JIM TIEMSTRA	10.00									
DIRECTOR		Х						0.	0.	0.
(15) DALE WILLIAMS	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(16) DAVID WOOLWEAVER	10.00									•
	0.50	Х						0.	0.	0.
(17) RICHARD RODERICK	10.00							_		•
PRESIDENT				X				0.	0.	0.

Form 990 (2018) THE AMER	CAN RAE	DIC	R	EL	AY	Ľ	ΕA	GUE, INC.	06-60	000	004	Page <b>8</b>		
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)					
(A)	(B)			(0	C)			(D)	(E)			(F)		
Name and title	Average	(do			ition			Reportable	Reportable			mated		
	hours per	box	, unles	ss per	rson i	than o s both	an	compensation	compensatior	n	amo	ount of		
	week		cer an	d a d	irecto	r/trust	ee)	from	from related		0	ther		
	(list any	ector						the	organizations	I		ensation		
	hours for	or dir	e			ited		organization	(W-2/1099-MIS	C)		m the		
	related	stee	truste			bense		(W-2/1099-MISC)			•	nization		
	organizations below	al tru	onal 1		loye	e com						related		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations		
(18) GREGORY WIDIN	10.00	-	<u> </u>	õ	¥	Ξə	꾼							
FIRST VP	10.00	1		х				0.		0.		0.		
(19) BOB VALLIO	10.00									<b>~</b>				
SECOND VP	10.00	1		х				0.		0.		0.		
(20) BRIAN MILESHOSKY	10.00													
OUTGOING SECOND VP	0.50			х				0.		0.		0.		
(21) JOHN BELLOWS	10.00													
INT'L VP		1		х				0.		0.		0.		
(22) FREDERICK NISWANDER	5.00													
TREASURER	2.00	1		х				0.		0.		0.		
(23) THOMAS GALLAGHER	40.00													
CEO THRU 1/2018		1		х				57,542.		0.	5	,130.		
(24) BARRY SHELLEY	40.00											-		
SECRETARY, OUTGOING CEO 1/2018-10/20				Х				200,081.		0.	13	,028.		
(25) HOWARD MICHEL	40.00													
CEO				Х				49,632.		0.		75.		
(26) DIANE MIDDLETON	40.00													
CFO				Х				120,901.		0. 31,600		<u>,600.</u>		
1b Sub-total						1		428,156.		0. 49,833.				
c Total from continuation sheets to Part VI	, Section A					I		576,098.		0.		<u>,374.</u>		
d Total (add lines 1b and 1c)								1,004,254.		0.	153	,207.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable			_		
compensation from the organization												7		
										ſ	)	res No		
<b>3</b> Did the organization list any <b>former</b> officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on					
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>		
4 For any individual listed on line 1a, is the su	-		-					-	-			37		
and related organizations greater than \$150											4	<u>x</u>		
5 Did any person listed on line 1a receive or a											_	v		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .					5	X		
1 Complete this table for your five highest con	monopoted ind	long	ndor		ontro	otor	o +k	at received more than ¢	100 000 of comp	onect	ion from			
the organization. Report compensation for t	-									ensat		I		
(A)	ne calendar ye		nui	ig w				(B)			(C)			
(ح) Name and business	address							Description of s	ervices	С	ompens	ation		
BOOTH, FRERET, & IMLAY, 1	4356 CA	PE	M	AY										
ROAD, SILVER SPRINGS, MD								LEGAL SERVIC	ES	157,489.				
MCCARTHY ADVANCED CONSULT							_		LEGISLATIVE					
2332 N EARLY STREET, ALEX		V	A	22	30	2		CONSULTING			120	,322.		
	,													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 3

								GUE, INC.	06-600	0004
	bection A. Onecis, Directors, Hustees, Key Employees, and Highes					est (		, ,		
(A) Name and title	(B) Average hours	(chec		(C) Position (check all that apply)			ly)	<b>(D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DOUGLAS HANEY PRINCIPAL SOFTWARE ENGINEER	37.50					x		104,198.	0.	6,157.
(28) JONATHAN SIVERLING	37.50									0,10,1
TECHNICAL RELATIONS SPECIALIST						X		126,532.	0.	16,228.
(29) MICHAEL KEANE IT MANAGER	37.50					x		116,875.	0.	31,626.
(30) ROBERT INDERBITZEN	37.50					x				
SALE & MARKETING MANAGER (31) STEVEN FORD	37.50							105,549.	0.	40,126.
EDITORIAL & PRODUCTION MANAGER						x		122,944.	0.	9,237.
		_								
		_								
			-			-				
		-								
			-	-	-					
Total to Part VII, Section A, line 1c								576,098.		103,374.

Form	990 (			RADIO REI	LAY LEAGUE,	, INC.	06-6000	004 Page 9
Pa	rt VIII	Statement of Reven	nue					
		Check if Schedule O conta	ains a response o	or note to any lin				
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
<u>υ</u> ν	1 a	Federated campaigns	1a					
an' unt		Membership dues						
Q B		Fundraising events						
ifts Ir A		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributi						
Sir		All other contributions, gifts, gran						
her		similar amounts not included abov		1,089,629.				
ē	g	Noncash contributions included in lines		39,294.				
anc	-	Total. Add lines 1a-1f	-	<b>&gt;</b>	1,089,629.			
				Business Code				
ø	2 a	MEMBERSHIP DUES		511120	6,754,691.	6,754,691.		
, vic	b	ADVERTISING INCOME		541800	1,883,115.	39,012.	1,844,103.	
Ser	с	CIRCULATION/PUBLICATION	Ŋ	511120	956,186.	956,186.		
am	d	PROGRAM & SERVICE FEES		511120	563,411.	563,411.		
Program Service Revenue	е	EXAM FEES		511120	425,669.	425,669.		
Pr	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			10,583,072.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		►	446,321.			446,321.
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		►	30,992.			30,992.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		····· •				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	6,262,141.					
	b	Less: cost or other basis						
		and sales expenses	6,055,676.					
		Gain or (loss)	206,465.					
		Net gain or (loss)		····· <b>&gt;</b>	204,326.			204,326.
e	8 a	Gross income from fundraising						
/ent		including \$						
Other Revenue		contributions reported on line	,					
Per		Part IV, line 18						
đ		Less: direct expenses Net income or (loss) from fund						
		Gross income from gaming ac						
	9 a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam		<b>&gt;</b>				
		Gross sales of inventory, less						
		and allowances		2,806,854.				
	b	Less: cost of goods sold		1,507,282.				
		Net income or (loss) from sale			1,299,572.			1,299,572.
ľ		Miscellaneous Revenue		Business Code				
ľ	11 a	OTHER REVENUE		900099	80,380.	80,380.		
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	80,380.			
	12	Total revenue. See instructions			13,734,292.	8,819,349.	1,844,103.	1,981,211.

Form 990 (2018)

#### THE AMERICAN RADIO RELAY LEAGUE, INC. Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	2,109.	2,109.		
2	Grants and other assistance to domestic		,		
_	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
Ŭ	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,				
5	-	478,049.	202,268.	275,781.	
6	trustees, and key employees	470,049.	202,200.	275,701.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	5,154,688.	3,037,723.	1,904,296.	212,669.
7	Other salaries and wages	5,154,000.	3,037,743.	1,904,290.	212,009.
8	Pension plan accruals and contributions (include	265 65A	156 000	07 044	10 017
_	section 401(k) and 403(b) employer contributions)	265,650.	156,889.	97,944.	10,817.
9	Other employee benefits	832,053.	470,883.	328,621.	32,549.
10	Payroll taxes	408,048.	234,499.	158,130.	15,419.
11	Fees for services (non-employees):				
а	Management	1.5.5.5.5	100.076		
b	Legal	166,626.	130,376.	36,197.	53.
С	Accounting	45,500.		45,500.	
	Lobbying	134,500.	134,500.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	165,984.	145,721.	19,259.	1,004.
12	Advertising and promotion				
13	Office expenses	1,074,901.	664,700.	296,220.	113,981.
14	Information technology	77,737.	50,603.	25,211.	1,923.
15	Royalties				
16	Occupancy	454,352.	162,575.	285,783.	5,994.
17	Travel	311,577.	266,910.	39,087.	5,580.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	247,386.	134,755.	107,557.	5,074.
23	Insurance	96,634.	32,095.	62,884.	1,655.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SHIPPING AND FORWARDING	1,472,051.	827,495.	644,556.	
b	GOVERANCE	507,291.	114,695.	392,596.	
c	PRINTING & PUBLICATION	364,407.		360,594.	3,813.
d	SERVICE CHARGES & PROCE	284,764.		284,764.	
	All other expenses	479,863.	227,103.	186,455.	66,305.
25	Total functional expenses. Add lines 1 through 24e	13,029,170.	7,000,899.	5,551,435.	476,836.
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 in the following SOP 98-2 (ASC 958-720)				

THE AMERICAN RADIO RELAY LEAGUE, INC	,
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06-600004 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,829,880.	1	1,660,661.
	2	Savings and temporary cash investments	619,238.	2	1,589,818.
	3	Pledges and grants receivable, net	517,230.	3	453,293.
	4	Accounts receivable, net	371,577.	4	295,421.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	562,821.	8	497,220.
	9	Prepaid expenses and deferred charges	226,586.	9	299,030.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,857,100.			
	b	Less: accumulated depreciation	1,716,246.	10c	1,584,888.
	11	Investments - publicly traded securities	26,859,018.	11	26,027,884.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,702,596.	16	32,408,215.
	17	Accounts payable and accrued expenses	661,098.	17	927,953.
	18	Grants payable	20.220	18	
	19	Deferred revenue	39,338.	19	22,960.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
oilití		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	11,490,758.	25	11,682,526.
	26	Schedule D Total liabilities. Add lines 17 through 25	12,191,194.	25 26	12,633,439.
	26	Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and	12,171,174.	20	12,055,455.
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	12,727,105.	27	12,248,273.
an	28	Temporarily restricted net assets	3,206,657.	28	2,943,149.
Ва	29	Permanently restricted net assets	4,577,640.	29	4,583,354.
pun		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ē		and complete lines 30 through 34.			
ŝ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	20,511,402.	33	19,774,776.
	34	Total liabilities and net assets/fund balances	32,702,596.	34	32,408,215.
			, , , , , , , , , , , , , , , , , , , ,		

Form **990** (2018)

### Part X Balance Sheet

Form	990	(2018
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Form 9	90 (2018) THE AMERICAN RADIO RELAY LEAGUE, INC.	06-	600000	4 I	- <sub>age</sub> 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
<b>1</b> T	otal revenue (must equal Part VIII, column (A), line 12)	1	13,7		
<b>2</b> T	otal expenses (must equal Part IX, column (A), line 25)	2	13,0		
<b>3</b> R	levenue less expenses. Subtract line 2 from line 1	3			122.
<b>4</b> N	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,5		
5 N	let unrealized gains (losses) on investments	5	-1,4	<u>41,</u>	748.
<b>6</b> D	onated services and use of facilities	6			
<b>7</b> Ir	nvestment expenses	7			
	rior period adjustments	8			
<b>9</b> C	other changes in net assets or fund balances (explain in Schedule O)	9			0.
<b>10</b> N	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	olumn (B))	10	19,7	74,	<u>776.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Ye	s No
<b>1</b> A	.ccounting method used to prepare the Form 990: 📃 Cash 🛛 🛛 Accrual 📃 Other		_		
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2	a	<u> </u>
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
S	eparate basis, consolidated basis, or both:				
l	Separate basis Consolidated basis Both consolidated and separate basis				
bΥ	Vere the organization's financial statements audited by an independent accountant?		2	b X	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
С	onsolidated basis, or both:				
l	X Separate basis Consolidated basis 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	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	the organization changed either its oversight process or selection process during the tax year, explain in Sche				
<b>3a</b> A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:		
	ct and OMB Circular A-133?		3	a	<u> </u>
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
0	r audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b	

Form **990** (2018)

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2018
Open to Public Inspection

	Iternal Revenue Service       Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection					
Name of	the organizati	on						Employer	identification number
				ADIO RELAY L					6-6000004
Part I	Reason	for Public (	Charity Status (	All organizations must co	omplete th	iis part.) Se	e instruction	S.	
The organ	nization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	I)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in s	ection 170	<b>)(b)(1)(A)(i</b>	ii).		
4	A medical res	search organiz	ation operated in con	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and stat	e:							
5			or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7		· -	-	ntial part of its support f				ne general p	oublic described in
	-		omplete Part II.)		U			0 1	
8				(1)(A)(vi). (Complete Par	t II.)				
9	-			in section 170(b)(1)(A)(	-	ed in coniu	inction with a	land-grant	college
				ulture (see instructions).					
	university:		5 5 5	· · · · · · · · · · · · · · · · · · ·		, <b>,</b>	,	5	
10 X		ion that norma	Illv receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns. members	hip fees. an	d aross receipts from
	-		•	ct to certain exceptions,				-	•
				(less section 511 tax) fro					
			mplete Part III.)				,		
11				ively to test for public sa	fetv. See	section 50	09(a)(4).		
12				ively for the benefit of, to				rrv out the	purposes of one or
	-	-	-	ed in section 509(a)(1) of	-			-	
				f supporting organization					
a	7			upervised, or controlled					aivina
<u> </u>			-	gularly appoint or elect a	•			•••••	
		•	complete Part IV, Se						
b	¬ -		-	l or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hay	vina
			-	anization vested in the s			-		•
		-	at complete Part IV,		anne peree			90 m 0 0 0 0	
c				g organization operated	in connec	tion with.	and functiona	llv integrate	d with
		-		). You must complete					
d	-	-		porting organization oper				rted organiz	vation(s)
		-		zation generally must sat				-	
				nplete Part IV, Sections					
e	_			written determination fro				II. Type III	
		•		nally integrated supporti			.)pe., .)pe	., . , po	
f Ente	er the number								
		• •	n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

#### Schedule A (Form 990 or 990-EZ) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-6000004 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	-		<b>.</b>	_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(	<b>e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								_
-	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
6						-			
	Public support. Subtract line 5 from line 4.								
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017		<b>e)</b> 2018	(f) Total	
	Amounts from line 4	(a) 2014	(6) 2013	(0) 2010	(0) 2017	+ '	<b>ej</b> 2010		
8	Gross income from interest,								
0	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								
	Gross receipts from related activities,	•	,			12			
13	First five years. If the Form 990 is for	0	, ,	, ,	,	``	,, ,	_	_
60	organization, check this box and stop	o here						▶∟	
	ction C. Computation of Publi		•						
	Public support percentage for 2018 (I		•			14			%
	Public support percentage from 2017					15			%
16a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or n	nore, c	heck this bo	k and	_
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱				▶∟	
b	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or mo	ore, check th	s box	_
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation				▶∟	
17a	10% -facts-and-circumstances test	: - 2018. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and lin	e 14 is 10% (	or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and <b>stop</b>	here. Explain in Pa	art VI h	ow the orgar	nization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization			►	
b	10% -facts-and-circumstances test	: - 2017. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, ai	nd line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	in in Pa	art VI how the	e	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anizatio	on	►□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see			

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990 EZ) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-6000004 Page 3 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.)

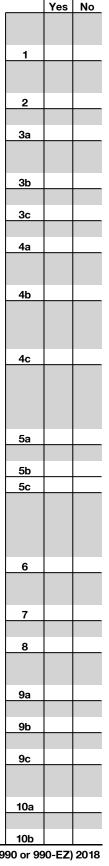
#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2084625. 1748302. 2011138. 2827485. 1089629. 9761179. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 13732999.13395574.13538916.13652684.13389926.67710099. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 15817624.15143876.15550054.16480169.14479555.77471278. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 0 77471278. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2016 (d) 2017 (a) 2014 (b) 2015 (e) 2018 (f) Total 9 Amounts from line 6 15817624. 15143876.15550054.16480169.14479555.77471278. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 331,896. 349,590. 425,988. 477,313. 430,269. 2015056. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 430,269. 331,896. 349,590. 425,988. 477,313. 2015056. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 65,207. 277,583. 47,598. 43,245. 41,153. 80,380. assets (Explain in Part VI.) 16295491.15519017.15964851.16947310.15037248.79763917. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 97.13 % 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 97.31 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.53 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 2.39 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. 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 ► X 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 - 2017. 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 gualifies 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

#### Schedule A (Form 990 or 990-EZ) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-600004 Page 4 Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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



# Schedule A (Form 990 or 990-EZ) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-6000004 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	-		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<b>6</b> 00	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h		Ja		
u	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1	

Schedule A (Form 990 or 990-EZ) 2018

Sche	edule A (Form 990 or 990-EZ) 2018 THE AMERICAN RADIO RELA			06-6000004 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
-	Check have if the surrent year is the exception's first as a per functions			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-6000004 Page 7

Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	\$	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	-		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

 Schedule A (Form 990 or 990-EZ) 2018
 THE AMERICAN RADIO RELAY LEAGUE, INC.
 06-6000004
 Page 8

 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.)

#### SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHE	R INCOME	-REI	MBURSEMENT	OF	SHARED	EXPENSES	AND	SALE	OF	USED	EQUIPMENT
2014	AMOUNT:	\$	47,598.								
<u>2015</u>	AMOUNT:	\$	43,245.								
2016	AMOUNT :	\$	65,207.								
<u>2017</u>	AMOUNT:	\$	41,153.								
2018	AMOUNT:	\$	80,380.								

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

### Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

THE	AMERICAN	RADIO	RELAY	LEAGUE,	INC.	06-600004
Organization type (check one)	:					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 or 990-EZ), 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  $e_{xclusively}$  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  $e_{xclusively}$  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 for an  $e_{xclusively}$  religious, charitable, etc.,  $e_{xclusively}$  religious,  $e_{x$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

06 - 6000004

#### THE AMERICAN RADIO RELAY LEAGUE, INC.

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
1	ARTHUR I ZYGIELBAUM PHD 6601 PINECREST DR LINCOLN, NE 68516-3573	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DENNIS S SCHUMM 1004 COMMERCIAL AVE PMB #1005 ANACORTES, WA 98221-4117	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DR LARRY E PRICE PO BOX 2067 STATESBORO, GA 30459-2067	\$ <u>43,100.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	DR MARTIN S EWING 28 WOOD RD BRANFORD, CT 06405-4936	\$ <u>9,596.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ERLEEN RHIEN C/O KAREN MIKEL PO BOX 464 MESSILLA PARK, NM 88047	\$11,045.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FRANK M BUTLER JR <u>323 ELLIOTT RD SE</u> FT WALTON BCH, FL 32548-7225	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

06 - 6000004

### THE AMERICAN RADIO RELAY LEAGUE, INC.

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	GEORGE G COLE 332 MADISON RD ORANGE, VA 22960-1016	\$ <u>70,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>     8                               </u>	JAMES A. PETROSKI ESTATE 34 CRUISER COURT TOMS RIVER, NJ 08753	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JAMES L JAEGER 9550 CUNNINGHAM RD CINCINNATI, OH 45243-1649	\$ <u> </u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHN MARK ROBERTSON 201 MADEWOOD CT BOSSIER CITY, LA 71111-6325	\$ <u>5,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JONATHAN P TAYLOR 118 NURSERY RD RIDGEFIELD, CT 06877-3400	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KAY CRAIGIE 570 BRUSH MOUNTAIN RD BLACKSBURG, VA 24060-8528	\$24,610.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

06 - 6000004

### THE AMERICAN RADIO RELAY LEAGUE, INC.

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	MARK W SCOTT 414 EMERALD BAY DR SALISBURY, NC 28146-1597	\$5,088.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	MAX KELLY 3600 S GLEBE RD UNIT 520W ARLINGTON, VA 22202-2365	\$ <u>5,025.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	MICHAEL J ZAK 74 MUSTERFIELD RD CONCORD, MA 01742-1613	\$ <u> </u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	PAUL D SERGI SR PO BOX 440 PENINSULA, OH 44264-0440	\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PRESLEY FOSTER 6 CHAMPIONSHIP DR THE HILLS, TX 78738-1471	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	RICHARD S WUJCIAK 32 HIGH RIDGE RD RANDOLPH, NJ 07869-4566	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

06 - 6000004

#### THE AMERICAN RADIO RELAY LEAGUE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	ROBERT B RAVENSCROFT <u>PO BOX 3410</u> <u>CAREFREE, AZ 85377-3410</u>	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	ROBERT O LOVING JR 4023 WALLAND GAP DR MARYVILLE, TN 37804-6053	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	ROBERT S SANFORD <u>3406 MALACHITE DR</u> <u>ZEPHYRHILLS, FL 33540-7419</u>	\$19,941.	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	STEVEN M WEST 774 MAYS BLVD STE 10389 INCLINE VILLAGE, NV 89451-7622	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	WILLIAM L JOHNSON 207 VILLAGE LN NEW WILMNGTN, PA 16142-1321	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	DAYTON AMATEUR RADIO ASSOCIATION P.O. BOX 44	\$ 10,000.	Person X Payroll Noncash

Employer identification number

06 - 600004

THE AMERICAN RADIO RELAY LEAGUE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	37.88 SHS OF VANGUARD 500 INDEX		
		\$9,596.	11/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	25 SHS MCDONALDS		
		\$24,610.	02/14/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	65 SHS P & G STOCK		
		\$5,088.	07/11/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)			Page <b>4</b>
Name of o	rganization			Employer identification number
THE AL	MERICAN RADIO RELAY LEAG	UE, INC.		06-6000004
Part III		ons to organizations described in se	ection 501(c)(7), (8), or (10)	
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. c	once.) <b>&gt;</b> \$
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d 7IP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
-		(e) Transfer of gif	+	
		(e) transfer of gir	L	
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
	I	(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee

#### SCHEDULE C

#### (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

Nar	me of organization	Employe	er identificati	on numbei	r
	THE AMERICAN RADIO RELAY LEAGUE, INC.		06-6000	004	
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 orga	nization.		
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.				
2	Political campaign activity expenditures	▶\$			
3					
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	► \$			
2					
3			Yes	No.	5
4a	a Was a correction made?		Yes	No.	2
I	b If "Yes." describe in Part IV.				
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3	).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527				
	exempt function activities	▶\$_			
3					
	line 17b	▶\$			
4	Did the filing organization file Form 1120-POL for this year?		Yes	No	5
5		which th	e filing organi:	zation	
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also e				

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

LHA

Schedule C (Form 990 or 990-EZ) 2018 Part II-A Complete if the organized section 501(h)).	THE AM anizatio	IERICA n is exen	N RADIO RELA npt under section	AY LEAGUE,1 501(c)(3) and file		000004 Page 2 ction under
A Check ► if the filing organizat expenses, and share	e of excess	lobbying e	, ,		group member's name	e, address, EIN,
Limit	ts on Lobb	ying Exper	nd "limited control" pro Inditures Ints paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<ul> <li>1a Total lobbying expenditures to influ</li> <li>b Total lobbying expenditures to influ</li> <li>c Total lobbying expenditures (add lin</li> <li>d Other exempt purpose expenditure</li> </ul>	ience a legi nes 1a and es	slative bod 1b)	y (direct lobbying)		13,562. 120,938. 134,500. 12,894,670.	
e Total exempt purpose expenditures					13,029,170.	
f Lobbying nontaxable amount. Ente					801,459.	
If the amount on line 1e, column (a) of	r (d) is:		bying nontaxable amo	ount is:		
Not over \$500,000	000		the amount on line 1e.	222 OVer \$500.000		
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50			0 plus 15% of the exce 0 plus 10% of the exce			
Over \$1,500,000 but not over \$1,50			0 plus 5% of the exces			
Over \$17,000,000	000,000	\$1,000,0				
		φ1,000,0				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			200,365.	
<b>h</b> Subtract line 1g from line 1a. If zero		-+ 0			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	ro on either				-	
reporting section 4911 tax for this	year?				[	Yes No
(Some organizations th	nat made a See	section 50 the separa	ate instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns be	low.
	Lobb	ying Exper	nditures During 4-Yea	r Averaging Period	1	· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	829	,693.	824,372.	803,693.	801,459.	3,259,217.
b Lobbying ceiling amount (150% of line 2a, column(e))						4,888,826.
c Total lobbying expenditures	132	239.	124,251.	136,205.	134,500.	527,195.
d Grassroots nontaxable amount	207	,423.	206,093.	200,923.	200,365.	814,804.
e Grassroots ceiling amount (150% of line 2d, column (e))						1,222,206.
f Grassroots lobbying expenditures	34	,605.	26,997.	15,864.	13,562.	91,028.

Schedule C (Form 990 or 990-EZ) 2018

#### Schedule C (Form 990 or 990-EZ) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-600004 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR	(b) Part	III-A, line	3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
<ul><li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.</li></ul>				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		4		
<ul> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>				
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

(Form 9	990)
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832051 10-29-18

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

THE AMERICAN RADIO RELAY LEAGUE TNC.

Employer identification number 06 - 6000004

Pa	t I Organizations Maintaining Donor Advised Fur		ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclus	ive legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	tion answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education	on) Preservation of a historica	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/	25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	extinguished, or terminated by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement	t is located	
5	Does the organization have a written policy regarding the periodic r		
	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ng of violations, and enforcing conserval	ion easements during the year
_	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above satis		
•			
9	In Part XIII, describe how the organization reports conservation eas	-	
	include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the of	rganization's accounting for
Pa	t III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, I		
10	If the organization elected, as permitted under SFAS 116 (ASC 958		and balance sheet works of art
Ia	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		balance sheet works of art historical
D.	treasures, or other similar assets held for public exhibition, education		
	relating to these items:		ervice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures		
-	the following amounts required to be reported under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	,
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2018

		RICAN RADIC				06-60			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther Simil	ar Assets	S (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	following that are	a significant	use of its c	ollection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's	exempt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sir	milar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang						line 9, or		-
	reported an amount on Form 990, Par		Ū				,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	s or other assets	not included				
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII							L	] 110
, N			owing table.				Amount		
~	Reginning balance				1c		Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on Fo						Yes		
						L			No ∣
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i								1
I UI							(-) [		
		(a) Current year	(b) Prior year	(c) Two years ba		e years back			
	Beginning of year balance	14,300,446.	12,179,086.	10,746,87		333,407.		122,	
	Contributions	7,251.	1,174,610.			665,668.		880,8	
	Net investment earnings, gains, and losses	-514,544.	977,699.	589,52	23	140,755.		442,	728.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	34,790.	30,949.	35,52	25.	111,450.		113,	102.
f	Administrative expenses								
g	End of year balance	13,758,363.	14,300,446.	12,179,08	86. 10,	,746,870.	10,	333,4	407.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a	)) held as:					
	Board designated or quasi-endowment	63.00	_%						
b	Permanent endowment  33.00	%							
с	Temporarily restricted endowment	<u>4.00 %</u>							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered f	or the organi	zation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par									
	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11a. S	ee Form 990. Pa	rt X. line 10.				
	Description of property	(a) Cost or of	ĺ	r i i i i i i i i i i i i i i i i i i i	(c) Accumula	ted	(d) Book	value	
		basis (investm		(other)	depreciatio		( <b>u</b> ) 2001	value	-
19	Land		,						
	Land		1 09	4,693.	1,094,6	593			0.
	Buildings				<u>1,054,</u> 0 2,174,2		133	2,17	
	Leasehold improvements			3,116.	932,5		1,040		
	Equipment				2,070,5			2,14	
	Other								
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	(, column (B), line 1	0c.)			1,584		
						Schedule	D (Form	990)	2018

	le D (Form 990) 2018			N RADIO	RELAY	LEAGUE,	INC.	06-600	0004	Page 3
Part	VII Investments	- Other Se	ecurities.							
	Complete if the c					1				
<b>(a)</b> De	scription of security or ca	tegory (including	g name of security)	(b) Book	value	(c) Method	d of valuatior	n: Cost or end-of-year	r market va	alue
(1) Fina	ancial derivatives									
(2) Clo	sely-held equity interes	sts								
(3) Oth	er									
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
	Col. (b) must equal Form 9									
Part	VIII Investments	- Program	n Related.							
	Complete if the c	organization a	nswered "Yes"	on Form 990, I	Part IV, line	11c. See Form 9	990, Part X, I	ine 13.		
	(a) Description			(b) Book				n: Cost or end-of-year	r market va	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	col. (b) must equal Form 9	990. Part X. col	. (B) line 13.) 🕨							
Part		s.	\$ <i>1</i> 7 F	•		•				
	Complete if the c	organization a	nswered "Yes"	on Form 990, I	Part IV, line	11d. See Form	990, Part X, I	line 15.		
			(a)	Description				(b	) Book va	lue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (	Column (b) must equal X   Other Liabilit		art X. col. (B) line	e 15.)				►		
	Complete if the c	organization a	nswered "Yes"	on Form 990. I	Part IV. line	11e or 11f. See	Form 990. P	art X. line 25.		
1.		Description of		,		(b) Book value		,		
	Federal income taxes					. ,				
	DEFERRED LI	FE MEME	BER DUES			7,592,49	7.			
	DEFERRED TE					4,090,02				
(4)						,,.				
(5)										
(6)										
(7)										
(8)										
(9)										
	Column (b) must	Form 000 D	ort V col /D) list	25)	1	1,682,52	6.			
	<u>Column (b) must equal</u>	<u>FOIII 990, Pa</u>	<u>ан А, СОІ. (В) ІІПе</u>	<u>; 20.)                                     </u>		,				

THE AMERICAN RADIO RELAY LEAGUE, INC.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

06-600004 Page 3

	edule D (Form 990) 2018 THE AMERICAN RADIO RELAY LE		/			Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue pe	er 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	13,799,	,826.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а			-1,441,7	48.		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,748.
3	Subtract line <b>2e</b> from line <b>1</b>			3	15,241,	,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b	-1,507,2	82.		
с	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,734,	,292.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses	per Retu	rn.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts W	ith Expenses	per Retu	-	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses	per Retu		
	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts W	ith Expenses	per Retu	-	
1	TXII         Reconciliation of Expenses per Audited Financial Statement           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	nts W	ith Expenses	per Retu	-	
1 2	TXII         Reconciliation of Expenses per Audited Financial Statement           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts W	ith Expenses	per Retu	-	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nts W	ith Expenses	per Retu 1	-	
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	ith Expenses	per Retu 1	14,536,	,452.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	nts W 2a 2b 2c 2d	1,507,2	82.	14,536,	,452.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	1,507,2	82. 2e	14,536,	,452.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	1,507,2	82. 2e	14,536,	,452.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1,507,2	82. 2e	14,536,	,452.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1,507,2	82. 2e	14,536,	,452.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1,507,2	1           82.              2e              3	14,536, 1,507, 13,029,	, <u>452.</u> , <u>282.</u> ,170.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1,507,2	1           82.	14,536,	, <u>452.</u> , <u>282.</u> ,170.

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:

USE OF ENDOWNMENT FUND EARNINGS IS PRIMARILY FOR THE MAINTENANCE AND UP

KEEP OF W1AW, AWARDS TO DESERVING RADIO AMATEURS, EDUCATION IN THE FIELD

OF ELECTRONIC COMMUNICATION AND TO AID IN THE OPERATIONAL COSTS SUPPORTING

THE ARRL MISSION.

PART X, LINE 2:

THE LEAGUE'S FEDERAL INFORMATION RETURNS PRIOR TO CALENDAR YEAR 2015 ARE

CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS. THE LEAGUE RECOGNIZES INTEREST AND PENALTIES

#### ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX

PROVISION AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION. THE LEAGUE HAS NO UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2018 AND 2017.  PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD -1,507,282.  PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 1,507,282.	Schedule D (Form 990) 2018       THE AMERICAN RADIO RELAY LEAGUE, INC.       06-6000004       Page 5         Part XIII       Supplemental Information (continued)       (continued)       (continued)
UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2018 AND 2017.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD -1,507,282.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  1.507,282.	PROVISION AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX
PART XI, LINE 4B - OTHER ADJUSTMENTS:         COST OF GOODS SOLD       -1,507,282.         PART XII, LINE 2D - OTHER ADJUSTMENTS:	LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION. THE LEAGUE HAS NO
COST OF GOODS SOLD -1,507,282. PART XII, LINE 2D - OTHER ADJUSTMENTS:	UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2018 AND 2017.
COST OF GOODS SOLD -1,507,282. PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PART XI, LINE 4B - OTHER ADJUSTMENTS:
	<u>COST OF GOODS SOLD</u> -1,507,282.
COST OF GOODS SOLD         1,507,282.	PART XII, LINE 2D - OTHER ADJUSTMENTS:
	COST OF GOODS SOLD 1,507,282.

SCHEDULE J			I	OMB No.	1545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		l l	2018		<u> </u>
•	-	Compensated Employees		ZU	D	j –
D	enartment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				Publ	ic
	Department of the Treasury Thernal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.			Inspe	ction	
Nam	e of the organizatior	1	Employer	identificati	on nui	mber
		THE AMERICAN RADIO RELAY LEAGUE, INC.	06-6	600000	4	
Pa	rt I Question	s Regarding Compensation			-	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel $X$ Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if ar	y, of the following the filing organization used to establish the compensation of the organiza	tion's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of o	her organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	ated organization:				
а		e payment or change-of-control payment?				X
b		eive payment from, a supplemental nonqualified retirement plan?				X
С		eive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					37
						X X
b		ation?		<u>5b</u>		
_		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					37
						X
b		ation?		<u>6b</u>		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v
-		es 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
				8		X
9		d the organization also follow the rebuttable presumption procedure described in		_		
		53.4958-6(c)?				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990)	) 2018

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) BARRY SHELLEY	(i)	198,374.	0.	1,707.	11,915.	1,113.	213,109.	0.		
SECRETARY, OUTGOING CEO 1/2018-10/20	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)	120,349.	0.	552.	7,612.	23,988.	152,501.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (::)									
	(ii) (i)									
	(i) (ii)									
	(i)									
	(i) (ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I, LINE 1A:

HOUSING ALLOWANCE INCLUDED WITHIN THE INDIVIDUAL'S 2018 W2.

Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2018

**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.

			-	7
Ī	Name of the organization	า		

Employer identification number 06 - 600004

	THE	AMERICAN	RADIO	RELAY	LEAGUE,	INC.	
Part I	Types of Propert	v					Ĩ

rai								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	Method of o noncash contril			S
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	Х	3	39,29	4.FMV			
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							
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	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to b	e used for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe	olicy that re	quires the review of	of any nonstandard contr	ibutions?	31	X	<u> </u>
32a	Does the organization hire or use third parties of	r related or	ganizations to solic	cit, process, or sell nonca	ish			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is a	checked,			
	describe in Part II.							
	For Denominarie Deduction Act Nation and	1 I			<b>•</b> • • • •		0001	0040

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Schedule M (Form 990) 2018

**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 AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE AMERICAN RADIO RELAY LEAGUE, INC.

06 - 6000004

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMERGENCIES; THE FURTHERANCE OF PUBLIC WELFARE; THE ADVANCEMENT OF THE

RADIO ART; THE FOSTERING AND PROMOTION OF NON-COMMERCIAL

INTERCOMMUNICATION BY ELECTRONIC MEANS THROUGHOUT THE WORLD; THE

FOSTERING OF EDUCATION IN THE FIELD OF ELECTRONIC COMMUNICATION; THE

PROMOTION AND CONDUCT OF RESEARCH AND DEVELOPMENT TO FURTHER THE

DEVELOPMENT OF ELECTRONIC COMMUNICATION; THE DISSEMINATION OF

TECHNICAL, EDUCATIONAL AND SCIENTIFIC INFORMATION RELATING TO

ELECTRONIC COMMUNICATION; AND THE PRINTING AND PUBLISHING OF DOCUMENTS,

BOOKS, MAGAZINES, NEWS LETTERS AND PAMPHLETS NECESSARY OR INCIDENTAL TO

ANY OF THE ABOVE PURPOSES.

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

PROVIDE TECHNICAL INFORMATION FOR THE ORGANIZATION'S REGULATORY

EFFORTS, PRODUCT REVIEW TESTING AND PROVIDE TECHNOLOGICAL SUPPORT TO

MEMBERS.

EXPENSES \$ 445,458. INCLUDING GRANTS OF \$ 0. REVENUE \$ 115.

FORM 990, PART VI, SECTION A, LINE 6:

FULL MEMBERS ARE RESIDENTS OF THE UNITED STATES WHO HOLD AN UNEXPIRED

AMATEUR RADIO OPERATOR'S LICENSE WHO HAVE SUBMITTED A MEMBERSHIP

APPLICATION AND PAID THE ANNUAL MEMBERSHIP DUES. OTHER NON-FULL MEMBERS

ARE THOSE WHO HOLD A VALID LICENSE BUT ARE NOT RESIDENTS OF THE U.S. OR ARE

RESIDENTS BUT DO NOT YET HOLD A VALID LICENSE.

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization THE AMERICAN RADIO RELAY LEAGUE, INC.	Employer identification number 06-600004
THE ORGANIZATION IS GOVERNED BY A BOARD OF DIRECTORS CONSI	STING OF 15
DIRECTORS, EACH REPRESENTING A TERRITORIAL DIVISION REPRES	ENTING A
GEOGRAPHICAL AREA AS DEFINED IN THE BY LAWS. THE DIRECTORS	ARE ELECTED TO
TERMS OF 3 YEARS BY THE FULL MEMBERS ELIGIBLE TO VOTE IN E	ACH TERRITORIAL
DIVISION. TO BE ELIGIBLE AS A FULL MEMBER, AN APPLICANT MU	ST BE A RESIDENT
OF THE UNITED STATES, ITS POSSESSIONS, THE COMMONWEALTH OF	PUERTO RICO, OR
A UNITED STATES CITIZEN TEMPORARILY RESIDING ELSEWHERE, AN	D THE HOLDER OF
AN UNEXPIRED AMATEUR RADIO OPERATOR'S LICENSE OR RECIPROCA	L OPERATING
AUTHORIZATION ISSUED BY THE UNITED STATES. IN ORDER TO BE	ELIGIBLE FOR
ELECTION, A DIRECTOR MUST HAVE BEEN A FULL MEMBER FOR AT L	EAST FOUR
CONTINUOUS YEARS IMMEDIATELY PRECEDING NOMINATION AND THRO	UGHOUT THE
SUBSEQUENT TERM OF OFFICE.	

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

THE FORM 990 IS PREPARED WITH THE ASSISTANCE OF INDEPENDENT ACCOUNTANTS AND, BEFORE FILING, IS RECONCILED TO THE ORGANIZATION'S BOOKS AND RECORDS AND REVIEWED AND APPROVED BY BOTH THE CONTROLLER AND CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. ALSO, PRIOR TO FILING WITH THE IRS, AN ELECTRONIC COPY IS PROVIDED TO MEMBERS OF THE BOARD OF DIRECTORS.

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

WHEN REQUESTED BY THE ETHICS AND ELECTIONS COMMITTEE AND NOT LESS

FREQUENTLY THAN ONCE A YEAR, EACH BOARD MEMBER SHALL PROMPTLY SUBMIT A

STATEMENT TO THE COMMITTEE IDENTIFYING ALL BUSINESS AND OTHER AFFILIATIONS

IN WHICH THE BOARD MEMBER HAS A FINANCIAL INTEREST AS DEFINED IN THE

ORGANIZATION'S BY LAWS. IN ADDITION, A BOARD MEMBER SHALL PROMPTLY

DISCLOSE TO THE ETHICS AND ELECTIONS COMMITTEE ANY MATTER THAT COULD

 REASONABLY BE CONSIDERED TO BE A "FINANCIAL BENEFIT" TO SUCH BOARD MEMBER,

 832212 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization THE AMERICAN RADIO RELAY LEAGUE, INC.	Employer identification number $06-6000004$
WHETHER OR NOT THE BOARD MEMBER BELIEVES A CONFLICT EXISTS	. AFTER
DISCLOSURE OF THE POTENTIAL CONFLICT OF INTEREST, THE DISI	NTERESTED MEMBERS
OF THE ETHICS AND ELECTIONS COMMITTEE SHALL DETERMINE WHET	HER A CONFLICT OF
INTEREST EXISTS OR CONTINUING AND PERVASIVE CONFLICT OF IN	TEREST EXISTS.
NEITHER THE BOARD NOR ANY COMMITTEE OF THE BOARD SHALL VOT	E UPON ANY
PROPOSED MATTER, TRANSACTION, CONTRACT, OR ARRANGEMENT IN	CONNECTION WITH
WHICH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST HAS BEEN	DISCLOSED BY A
BOARD MEMBER UNTIL SUCH TIME AS THE ETHICS AND ELECTIONS C	OMMITTEE HAS
ADDRESSED THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST.	
ALSO, EACH BOARD MEMBER SHALL ANNUALLY SIGN A STATEMENT WH	ICH AFFIRMS THAT
SUCH PERSON:	
(I) HAS RECEIVED A COPY OF THE CURRENT CONFLICT OF INTERES	T POLICY;
(II) HAS READ AND UNDERSTANDS THE POLICY;	
(III) HAS AGREED TO COMPLY WITH THE POLICY; AND	
(IV) UNDERSTANDS THAT THE ASSOCIATION IS A NON-PROFIT ORGA	NIZATION AND THAT
IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENG	AGE PRIMARILY IN
ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT	PURPOSES.
FORM 990, PART VI, SECTION B, LINE 15:	

A) THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON A RECOMMENDATION OF THE ADMINISTRATION AND FINANCE COMMITTEE. THE A&F COMMITTEE'S RECOMMENDATION IS BASED ON THE PERFORMANCE OF THE INCUMBENT IN COMPARISON TO A SET OF GOALS AND OBJECTIVES FOR THE ORGANIZATION AND THE INDIVIDUAL.

B) THE INITIAL BASE COMPENSATION OF THE OTHER STAFF OFFICERS IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER PARTIALLY ON INFORMATION OF COMPARABLE

ORGANIZATIONS AND THE ANNUAL ADJUSTMENT, IF ANY, IS BASED ON THE INDIVIDUAL 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 9	Page <b>2</b>						
Name of the organization Employer identification num						Employer identification number	
	THE	AMERICAN	RADIO	RELAY	LEAGUE,	INC.	06-6000004
PERFORMANCE OF	THE	OFFICER.					
PERFORMANCE OF	THE	OFFICER.					

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

THE ORGANIZATION'S BY LAWS, ARTICLES OF ASSOCIATION, FINANCIAL STATEMENTS

AND IRS FORM 990 ARE ALL POSTED ON THE ARRL WEB SITE. THE CONFLICT OF

INTEREST POLICY IS INCLUDED IN THE BY LAWS.

FORM 990, PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVERSIGHT OR

SELECTION PROCESS DURING THE TAX YEAR.

SCH	EDU	JLE	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.

OMB No. 1545-0047

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

Open to Public Inspection Employer identification number 06-600004

Name of the organization

THE AMERICAN RADIO RELAY LEAGUE, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE ARRL FOUNDATION, INC 23-7325472	TO OPERATE FOR CHARITABLE,						
225 MAIN STREET	EDUCATIONAL AND SCIENTIFIC				AMERICAN RADIO		
NEWINGTON, CT 06111-1400	PURPOSES	CONNECTICUT	501(C)(3)	LINE 12A, I	RELAY LEAGUE	Х	
	-						

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

Schedule R (Form 990) 2018

## Schedule R (Form 990) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC.

06-600004 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General o managin partner		Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
	]											
	1											
	-											
	-											
	-											
	{											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
	1								

## Schedule R (Form 990) 2018 THE AMERICAN RADIO RELAY LEAGUE, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X

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

## Schedule R (Form 990) 2018 THE AMERICAN RADIO RELAY LEAGUE, 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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Disprotion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	THE	AMERICAN	RADIO	RELAY	LEAGUE,	INC.	06-600004	Page 5
Part VII	Supplemental Infor								
	Provide additional informa	ation for r	esponses to ques	stions on Scl	hedule R. Se	e instructions.			