EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A 1	OI LIN	e 20 to calefular year, or tax year beginning	enuing							
В	Check if applicabl	C Name of organization		D Employer id	dentific	cation number				
	Addre	THE AMERICAN RADIO RELAY LEAGUE, INC.								
	Name chang	Doing business as		0	6-6	000004				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone r	E Telephone number					
	Final return	225 MAIN STREET		860-594-0200						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	18,844,289.				
	Amen- return	NEWINGTON, CI OUIII-1494		H(a) Is this a g	roup re	eturn				
	Application	F Name and address of principal officer: BARRY SHELLEY		for subord	dinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subord	dinates in	cluded? Yes No				
<u>1</u>	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$	or 527	If "No," at	tach a	list. (see instructions)				
		te: > WWW.ARRL.ORG		H(c) Group exe						
		organization: X Corporation	L Year	of formation: 19	14 N	1 State of legal domicile; ${f CT}$				
Pa	art I	Summary								
Ф	1	Briefly describe the organization's mission or most significant activities: \underline{PROM}			EST	IN AMATEUR				
Š		RADIO AND THE ESTABLISHMENT OF AMATEUR RA	DIO NI	ETWORKS.						
rns	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its	net ass					
ŏ	3					15				
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)				15				
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)				108				
ĬĖ	6	Total number of volunteers (estimate if necessary)				37432				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				2,186,167.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		7b	0.				
			_	Prior Year	00	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,748,3		2,011,138.				
	9	Program service revenue (Part VIII, line 2g)		10,605,3		10,646,755.				
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		337,6 1,188,9	4/•	332,308.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1,291,071.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,880,1		14,281,272.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,8		7,589.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		7,130,4	0.	0. 7,221,683.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,130,4	0.	7,221,003.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 409,55	20		٠.	0.				
Ä	1 D			6,439,6	03	6,258,177.				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,593,8	63.	13,487,449.				
		Revenue less expenses. Subtract line 18 from line 12		286,3		793,823.				
	19	nevertue less expenses. Subtract line 16 front line 12		eginning of Current		End of Year				
ts o	20	Total assets (Part X, line 16)	В	26,668,6	58.	28,473,897.				
ASSE	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		11,895,8		12,011,751.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		14,772,8		16,462,146.				
Pa	art II	Signature Block			<u> </u>					
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the bes	st of mv	knowledge and belief, it is				
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	•	3				
Sig	n	Signature of officer		Date						
Her		BARRY SHELLEY, CFO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN				
Paid	j	PAUL BALLASY PAUL BALLASY		if	t self-employe	P00852868				
Pre	arer	Firm's name COHNREZNICK LLP								
Use	Only	Firm's address 350 CHURCH STREET, 12TH FLOOR		Firm's E						
		HARTFORD, CT 06103		Phone r	no. 95	9-200-7000				
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No				

20.)

) (Revenue \$

Total program service expenses ▶

432,973. including grants of \$

9,810,569.

			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	in roo, complete conceans 2,			
	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	١		
	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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	in 100, complete constant p, r are x	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII	12a	- 22	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 1 1		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ <u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		х
		_		

Form 990 (2016) THE AMERICAN RADIO RELAY LEAGUE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	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? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) THE AMERICAN RADIO RELAY LEAGUE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	70			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	X	
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	108			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Advanced in the Financi	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		<u>X</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b			· .	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	irea	7.		х
لہ	to file Form 8282?	7d		7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year		2	70		Х
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		?	7e 7f		X
'	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization me ro			79 7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	-			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	990	(0040)
				LUII	JJU	(2016)

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										
	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 15										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	X								
	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		X							
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								
h	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD									
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	(mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
_	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								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CT										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable)								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanc	ial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	_									
	DIANE MIDDLETON - 860-594-0200										
	225 MAIN STREET, NEWINGTON, CT 06111-1494										

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	

Page 7

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 no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		officer and		recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		ee/	m pen		(***-2/1099-141130)		and related
	below	dual t	utiona	_	oldm	st col	Je.			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			· ·
(1) DALE WILLIAMS	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(2) DAVID NORRIS	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(3) DAVID WOOLWEAVER	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(4) DOUG REHMAN	10.00									
DIRECTOR		Х						0.	0.	0.
(5) DWAYNE ALLEN	10.00									
DIRECTOR		Х						0.	0.	0.
(6) GEORGE ISELY	10.00								_	_
OUTGOING DIRECTOR	0.50	Х						0.	0.	0.
(7) JIM BOEHNER	10.00									
DIRECTOR		Х						0.	0.	0.
(8) JIM PACE	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(9) KENT OLSON	10.00									
DIRECTOR		Х						0.	0.	0.
(10) KERMIT CARLSON	10.00									
DIRECTOR		Х						0.	0.	0.
(11) MIKE LISENCO	10.00									
DIRECTOR		Х						0.	0.	0.
(12) RICHARD NORTON	10.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) ROBERT VALLIO	10.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) ROD BLOCKSOME	10.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) THOMAS FRENAYE	10.00									_
DIRECTOR	0.50	Х						0.	0.	0.
(16) TOM ABERNETHY	10.00								_	_
DIRECTOR	12 22	Х						0.	0.	0.
(17) BARRY SHELLEY	40.00							4		
CFO				X				150,336.	0.	10,865.

632007 11-11-16 Form **990** (2016)

101111 330 (2010)									00 0000			ugo -
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(da		Pos				Reportable	Reportable	Es	stimate	ed
	hours per	box	(do not check more than on box, unless person is both a officer and a director/truster					compensation	compensation	ar	nount	of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	1	pensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC)	l	rom th	
	organizations	ustee	trust		e e	Suedu		(W-2/1099-MISC)			janizat d relat	
	below	lual tr	tional	١.	ploye	st con	_			l	u reiai anizati	
	line)	ndividual trustee or director	nstitutional trustee	Officer	sey employee	Highest compensated employee	Former			l	arnzati	0110
(18) BRIAN MILESHOSKY	10.00	_	_		×	1						
SECOND VP	0.50			Х				0.	0.			0.
(19) DAVID SUMNER	40.00											
OUTGOING CEO				Х				116,526.	0.	1	7,5	91.
(20) FREDERICK NISWANDER	5.00											
TREASURER	2.00			Х				0.	0.			0.
(21) GREGORY WIDIN	10.00											
FIRST VP				Х				0.	0.			0.
(22) JAMES FENSTERMAKER	10.00											
OUTGOING SECOND VP	0.50			Х				0.	0.			0.
(23) JOHN BELLOWS	10.00											
INT'L VP				Х				0.	0.			0.
(24) KAY CRAIGIE	10.00											
OUTGOING PRESIDENT				Х				0.	0.			0.
(25) RICHARD RODERICK	10.00											
PRESIDENT				Х				0.	0.			0.
(26) THOMAS GALLAGHER	40.00											
CEO				Х				165,695.	0.		0,8	
1b Sub-total							ightharpoons	432,557.	0.		9,3	
c Total from continuation sheets to Part V	II, Section A						ightharpoons	495,715.	0.		8,2	
d Total (add lines 1b and 1c)							<u> </u>	928,272.	0.	15	7,6	<u> 26.</u>
2 Total number of individuals (including but r	not limited to th	ose	liste	d at	ove	e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												<u>8</u>
											Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the si												
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fi	rom	any	unre	elate	d organization or individ	dual for services			
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch į	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mnanestad inc	lana	nda	nt co	ntr	acto	re th	at received more than \$	100 000 of compens	tion fr	om	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BOOTH, FRERET, & IMLAY, 14356 CAPE MAY ROAD, SILVER SPRINGS, MD 20904-6011	LEGAL SERVICES	156,760.

Total number of independent contractors (including but not limited to those listed above) who received more than

Reportable Compensation Compen	Form 990 THE AMER	ICAN RAI	OIC) R	EL	ΑY	<u> </u>	ΕA	GUE, INC.	06-600	0004	
Name and title												
Name and title											(F)	
Per Week (list arry hours for related organizations hours for related organizations hours for related organizations helicw list arry hours for related organizations helicw helicw list arry helicw hel	Name and title	Average					1		Reportable	Reportable		
Week of list ary hours for a page of the prognizations of the prognization of the prognizations of the prognizat		hours	(c	heck	all :	that	app	ly)	1			
Distance Distance									1			
			or				oloyee		1		•	
271 BRENNAN FRICE		1	direct				d em b			(88-2/1099-181130)		
		1	ee or	stee			nsate		(** 27 1000 141100)		•	
271 BRENNAN FRICE		organizations	trust	nal tru		oyee	om pe					
271 BRENNAN FRICE		1	vidua	itution	Je.	empl	hest c	ner				
TO			lnd	lnst	ill 0	Key	Hig	Forr				
23 JOANTHAN SIVELLING 37.50 X 113,526. 0. 24,245.	(27) BRENNAN PRICE	40.00										
SENIOR TECHNICAL RELATIONS SPECIALIS (29) MICHAEL KEANE TT MANAGER (30) STEVEN FORD EDITORIAL & PRODUCTION MANAGER X 113,526. 0. 24,245. X 108,830. 0. 36,409. X 117,644. 0. 8,751.	СТО						X		155,715.	0.	38,867.	
37.50 X 108,830. 0. 36,409. (30) STEVEN FORD 37.50 X 117,644. 0. 8,751. (30) STEVEN FORD 37.50 X (30) STEVEN FORD 3		37.50										
TT MANAGER 37.50 X 108,830.							X		113,526.	0.	24,245.	
37.50 X 117,644. 0. 8,751.		37.50							100 000		25 422	
EDITORIAL & PRODUCTION MANAGER X 117,644. 0. 8,751.							X		108,830.	0.	36,409.	
		37.50							445 644		0 ==4	
Total to Part VII. Section A, line 1c 495.715. 108.272.	EDITORIAL & PRODUCTION MANAGER						X		117,644.	0.	8,751.	
Total to Part VII. Section A. line 1c. 495.715. 108.272.												
Total to Part VII. Section A. line 1c. 495.715. 108.272.												
Total to Part VII, Section A, line 1c 495, 715. 108, 272.												
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Total to Part VII. Section A. line 1c 495 . 715 • 108 . 272 •												
Total to Part VII, Section A, line 1c 495.715. 108.272.												
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Total to Part VII, Section A, line 1c 495 . 715 . 108 . 272 .												
Total to Part VII, Section A, line 1c 495 . 715 . 108 . 272 .			1									
Total to Part VII, Section A, line 1c 495 . 715 . 108 . 272 .												
Total to Part VII, Section A, line 1c 495.715. 108.272.			L			L		L				
Total to Part VII, Section A, line 1c 495,715. 108.272.												
,	Total to Part VII, Section A, line 1c								495,715.		108,272.	

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					012 011
ant		Membership dues						
င်္ပ မြ		Fundraising events						
ifts,		Related organizations						
nia		Government grants (contributi						
Sir		All other contributions, gifts, grant						
e ti	·	similar amounts not included abov	·	2,011,138.				
ə	a	Noncash contributions included in lines	,	61,959.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	2,011,138.			
				Business Code	, ,			
ø.	2 a	MEMBERSHIP DUES		511120	6,380,112.	6,380,112.		
, <u>vi</u>		ADVERTISING INCOME		541800	2,186,167.	, ,	2,186,167.	
Program Service Revenue	-	CIRCULATION/PUBLICATION	 [511120	1,041,264.	1,041,264.	, ,	
E S	d	PROGRAM & SERVICE FEES		511120	563,856.	563,856.		
Be	e	EXAM FEES		511120	475,356.	475,356.		
Pro	f	All other program service reve	nue			·		
		Total. Add lines 2a-2f			10,646,755.			
	3	Investment income (including			, ,			
		other similar amounts)		312,391.			312,391.	
	4	Income from investment of tax						
	5	Royalties	=	-	37,199.			37,199.
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory	2,877,902	. 1,536.				
	b	Less: cost or other basis						
		and sales expenses	2,853,604	5,917.				
	С	Gain or (loss)	24,298	-4,381.				
		Net gain or (loss)			19,917.			19,917.
ne		Gross income from fundraising including \$	g events (not					
ve		contributions reported on line						
Other Revenu		Part IV, line 18	,	a				
he	b	Less: direct expenses		b				
δ		Net income or (loss) from fund		•				
		Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses		ь				
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		a 2,892,161.				
	b	Less: cost of goods sold		1,703,496.				
		Net income or (loss) from sales			1,188,665.			1,188,665.
		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		900099	65,207.	65,207.		
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			65,207.			
	12	Total revenue. See instructions.			14,281,272.	8,525,795.	2,186,167.	1,558,172.

Form 990 (2016) THE AMERICAN RADIO F Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		_		
_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,589.	7,589.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	481,910.		481,910.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,234,335.	3,639,535.	1,428,506.	166,294.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	260,975.	178,809.	73,996.	8,170.
9	Other employee benefits	830,214.	553,699.	251,216.	25,299.
10	Payroll taxes	414,249.	264,057.	137,471.	12,721.
11	Fees for services (non-employees):				
а	Management				
b	Legal	176,706.	135,363.	41,343.	
С	Accounting	39,700.		39,700.	
d	Lobbying	124,251.	124,251.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 000	00 440	14 000	
	column (A) amount, list line 11g expenses on Sch 0.)	108,220.	93,418.	14,802.	
12	Advertising and promotion	3,190.	3,190.	72 (02	105 115
13	Office expenses	1,151,392.	892,654. 43,256.	73,623.	185,115. 677.
14	Information technology	121,267.	43,430.	11,334.	0//•
15	Royalties	202 770	271,738.	112 040	
16	Occupancy	383,778. 364,968.	326,920.	112,040.	6,997.
17	Travel	304,300.	320,320.	31,031.	0,331.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	251,031.	188,273.	62,758.	
23	Insurance	121,099.	84,769.	36,330.	
24	Other expenses. Itemize expenses not covered		0-11-00-1	00,000.	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	1 752 406	1 752 406		
	PRINTING & PUBLICATION	1,753,486.	1,753,486.	206 702	
b	ADMINISTRATIVE EXPENSES	520,161.	213,368.	306,793.	
C	SERVICE CHARGES & PROCE	298,397. 253,427.	285,328. 248,755.	13,069.	
d	PROGRAM SERVICES	587,104.	502,111.	4,672.	4,256.
	All other expenses Add lines 1 through 24s	13,487,449.	9,810,569.	3,267,351.	409,529.
25	Total functional expenses. Add lines 1 through 24e	10,401,447.	9,010,309.	3,401,331.	403,343.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II following 50P 98-2 (ASC 958-720)				000

Form 990 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			957,526.	1	1,375,211.
	2	Savings and temporary cash investments			1,339,146.	2	1,089,815.
	3	Pledges and grants receivable, net			810,931.	3	692,576.
	4	Accounts receivable, net			422,953.	4	319,982.
	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					
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use	794,351.	8	666,928.		
	9	B			261,187.	9	217,205.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7,541,764.			
	b	Less: accumulated depreciation	10b	6,114,034.	1,594,853. 20,487,711.	10c	1,427,730. 22,684,450.
	11	Investments - publicly traded securities	20,487,711.	11	22,684,450.		
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	26,668,658.	16	28,473,897.		
	17	Accounts payable and accrued expenses	654,698.	17	609,168.		
	18	Grants payable			20.050	18	0.5.400
	19	Deferred revenue			30,862.	19	27,439.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employees	•	· · · ·			
Liabilities						22	
_	23	Secured mortgages and notes payable to unrela-				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			11 210 250	0.5	11 275 144
	00	Schedule D			11,210,259. 11,895,819.	25 26	11,375,144. 12,011,751.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)			11,095,019.	26	12,011,751.
		complete lines 27 through 29, and lines 33 and		K nere 21 and			
ces	27				8,354,905.	27	9,482,909.
<u>a</u>	28	Unrestricted net assets Temporarily restricted net assets			2,039,014.	28	2,439,604.
Ва	29				4,378,920.	29	4,539,633.
pur	23	Organizations that do not follow SFAS 117 (AS) check here	1/3/0/3200	23	1/333/0331
Ę		and complete lines 30 through 34.	JO 330	,, check here			
S.	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Š	33				14,772,839.	33	16,462,146.
	34	Total liabilities and net assets/fund balances			26,668,658.	34	28,473,897.
					-,		

Form **990** (2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Total

(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.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE AMERICAN RADIO RELAY LEAGUE, INC. Employer identification number 06-6000004

Pa	rt I	Reason for Public (Charity Status 🕢	All organizations must co	mplete th	is part.) Se	e instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1	\sqcap	A church, convention of ch	•			-)(A)(i).	
2	一	A school described in sect					N N7	
3	Ħ	A hospital or a cooperative		•			il	
4	H	A medical research organiz						the hospital's name
7		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	iii Scollo	11 17 0(b)(1)(A)(iii). Enter	the hospital s hame,
_		An organization operated for	or the benefit of a col	llogo or university ewage	l or operat	od by a go	vornmental unit describ	od in
5	ш			nege of university owner	or operat	ed by a go	verninental unit describ	eu III
_		section 170(b)(1)(A)(iv). (C				70/1-1/41/41	(. A	
6	H	A federal, state, or local gov	-					
7	ш	An organization that norma	•	ntial part of its support if	om a gove	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		/4WAW 13 /O				
8	Н	A community trust describe						
9	Ш	An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
	77	university:						
10	X	An organization that norma						
		activities related to its exen	-	•				-
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	•					
11	\square	An organization organized a	•	•	•			
12		An organization organized a	· ·	•	•		•	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b	L		anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.	
c			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
0		vide the following information			I (iii) la tha assa			
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2016 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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						
	The portion of total contributions						
Ŭ	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) 0010	(b) 2012	(a) 2014	(4) 2015	(a) 2016	(f) Total
	Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	Ū	,	,	•	(/(/	. —
800	organization, check this box and stop ction C. Computation of Public	here Por	oontago				>
	<u> </u>			. (4)		T I	
	Public support percentage for 2016 (li		•	***		14	<u>%</u>
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the o						. —
L	stop here. The organization qualifies a		~			or mare about thi	
b	33 1/3% support test - 2015. If the o						
474	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fact		•	•	•	•	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets th						
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, cneck this box a	na see instructions	P

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

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

Se	etion A. Public Support	ciow, picase comp	ioto i dit ii.j				-1
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2023173.	2498154.	2084625.	1748302.	2011138.	10365392.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13078961.	13467163.	13732999.	13395574.	13538916.	67213613.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	15102134.	15965317 .	15817624.	15143876.	15550054.	77579005.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	43,512.	37,350.	37,651.	36,056.	30,477.	185,046.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b	43,512.	37,350.	37,651.	36,056.	30,477.	185,046.
8	Public support. (Subtract line 7c from line 6.)						77393959.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	15102134.	<u> 15965317.</u>	15817624.	15143876.	<u> 15550054.</u>	77579005.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	619,478.	400,690.	430,269.	331,896.	349,590.	2131923.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	619,478.	400,690.	130 260	331,896.	349,590.	2131923.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	019,470.	400,090.	430,203.	331,090.	349,390.	2131923.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,536.	48,033.			65,207.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	15768148.	$164140\overline{40}$.	16295491.	$155190\overline{17}$.	15964851.	79961547.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
		- 0 1 D					>
	ction C. Computation of Publi					I	06.70
	Public support percentage for 2016 (I					15	96.79 % 96.67 %
	Public support percentage from 2015 ction D. Computation of Inves					16	96.67 %
	•			12 column (f)		17	2.67 %
	Investment income percentage for 20 Investment income percentage from					18	2.67 %
	33 1/3% support tests - 2016. If the	•		on line 14 and line			
130	more than 33 1/3%, check this box ar						▶ [7]
k	33 1/3% support tests - 2015. If the		-		• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	▶∐

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4.		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	00		
	9c		
	10a		
	iva		
	10b		
a	90 or 99	n_E7\	2016

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in Part VI the role played by the organization in this regard.

	dule A (Form 990 or 990-EZ) 2016 THE AMERICAN RADIO RELA			06-6000004 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

		(Form 990 or 990-EZ) 2016 THE AMERICAN 1	RADIO RELAY LEA	AGUE, INC. 0	6-6000004 Pa	age 7
Pai	τν	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	Т	
Sect	<u>ion D -</u>	Distributions			Current Year	
1_	Amou	nts paid to supported organizations to accomplish exer	mpt purposes			
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organi	izations, in excess of income from activity				
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
4	Amou	nts paid to acquire exempt-use assets				
5	Qualif	ied set-aside amounts (prior IRS approval required)				
6	Other	distributions (describe in Part VI). See instructions				
7	Total	annual distributions. Add lines 1 through 6				
8	Distrib	outions to attentive supported organizations to which the	e organization is responsive			
	(provid	de details in Part VI). See instructions				
9	Distrib	outable amount for 2016 from Section C, line 6				
10	Line 8	amount divided by Line 9 amount		Τ		
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	6
1	Distrib	outable amount for 2016 from Section C, line 6				
2		distributions, if any, for years prior to 2016 (reason-				
		ause required- explain in Part VI). See instructions				
3		s distributions carryover, if any, to 2016:				
а						
b						
С	From	2013				
d	From 2	2014				
е	From	2015				
f	Total	of lines 3a through e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2016 distributable amount				
i	Carry	over from 2011 not applied (see instructions)				
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distrib	outions for 2016 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2016 distributable amount				
С	Remai	inder. Subtract lines 4a and 4b from 4				
5	Remai	ining underdistributions for years prior to 2016, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions				
6	Remai	ining underdistributions for 2016. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part V	I. See instructions				
7	Exces	ss distributions carryover to 2017. Add lines 3j				
	and 4	С				
8	Break	down of line 7:				
а						
b	Exces	s from 2013				
		s from 2014				
٨	Evoco	s from 2015				

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 THE AMERICAN RADIO RELAY LEAGUE, 06-6000004 Page 8 INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME-REIMBURSEMENT OF SHARED EXPENSES AND SALE OF USED EQUIPMENT 2012 AMOUNT: \$ 46,536. 2013 AMOUNT: \$ 48,033. 2014 AMOUNT: \$ 47,598. 2015 AMOUNT: \$ 43,245. 2016 AMOUNT: \$ 65,207.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	(see separate instructions), then	iona, Camplata Dart III			
	Section 501(c)(4), (5), or (6) organizat	ions. Complete Part III.		En	nployer identification number
	•	RICAN RADIO RELAY	LEAGHE IN		06-6000004
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c)	or is a section 527	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			\$
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3	3).	
	Enter the amount of any excise tax	•		•	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_	of If "Yes," describe in Part IV.			avaant aastian EOd	(-)(0)
	Enter the amount directly expended	anization is exempt unde		<u> </u>	
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here an 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	d on Form 1120-POL,) of all section 527 pol from the filing organizes separate political orga	itical organizations to wh ation's funds. Also enter unization, such as a separ	ich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990 or 990-EZ) 2016	THE AMERICA	N RADTO REL	AY LEAGUE.	INC. 06-6	000004 Page 2
Part II-A Complete if the org	ganization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e	•			
B Check ▶ if the filing organization	ation checked box A ar	nd "limited control" pro	visions apply.		
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)		26,997.	
b Total lobbying expenditures to infl				97,254.	
c Total lobbying expenditures (add I		• • • • • • • • • • • • • • • • • • • •		124,251.	
d Other exempt purpose expenditur				13,363,198.	
e Total exempt purpose expenditure				13,487,449.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	824,372.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
				225 222	
g Grassroots nontaxable amount (er	,			206,093.	
h Subtract line 1g from line 1a. If zer	ro or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		line 1i, did the organiza	ation file Form 4720	-	
reporting section 4911 tax for this	•				Yes No
(Some organizations t	hat made a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all	of the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	800,865.	850,541.	829,693.	824,372.	3,305,471
b Lobbying ceiling amount (150% of line 2a, column(e))					4,958,207.
c Total lobbying expenditures	86,344.	94,572.	132,239.	124,251.	437,406.
d Grassroots nontaxable amount	200,216.	212,635.	207,423.	206,093.	826,367.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,239,551.

10,396.

32.

34,605.

Schedule C (Form 990 or 990-EZ) 2016

72,030.

26,997.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 THE AMERICAN RADIO RELAY LEAGUE, INC. 06-60000 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 06-6000004 Page 3

(election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
	e lobbying activity.	Yes	No	Amo	ount
1	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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Madic advantagement?				
	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g					
_	Pallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(), or se	ction	
	501(c)(6).			_	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			otion	
ı uı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		a 3 is
	answered "Yes."		(5) : a.		
1	Dues, assessments and similar amounts from members		<u>1</u>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		<u>2a</u>		
b	Carryover from last year		2b		
С			<u>2c</u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?				
5 Par	Taxable amount of lobbying and political expenditures (see instructions)		5		
	de 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	and 2 (see	
ınstru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE AMERICAN RADIO RELAY LEAGUE, INC. **Employer identification number** 06-6000004

Part	t I Organizations Maintainin	g Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on F	Form 990, Part IV, line 6		T
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during			
	Aggregate value of grants from (during ye			
	Aggregate value at end of year			
	Did the organization inform all donors an		_	
	are the organization's property, subject t			
	Did the organization inform all grantees,			
	for charitable purposes and not for the b			
Part	impermissible private benefit?		nization answered "Yes" on Form 990	
				J, Part IV, line 7.
1	Purpose(s) of conservation easements he	, ,	`	intorically important land area
	Preservation of land for public use Protection of natural habitat	(e.g., recreation or edu	· —	istorically important land area ertified historic structure
	Preservation of open space		Freservation of a C	ertified historic structure
2	Complete lines 2a through 2d if the orga	nization hold a qualified	d consequation contribution in the for	m of a conservation easement on the last
	day of the tax year.	riization neid a quaiillet	d conservation contribution in the fon	Held at the End of the Tax Yea
	Total number of conservation easements			
	Total acreage restricted by conservation			ا م
	Number of conservation easements on a		ture included in (a)	
	Number of conservation easements inclu			
	listed in the National Register	` ' '	•	
	Number of conservation easements mod			
	year ►	imoa, transionoa, roica	soa, oxungaishoa, or torrimated by t	The organization daring the tax
	Number of states where property subject	t to conservation easer	nent is located	
	Does the organization have a written poli		· · · · · · · · · · · · · · · · · · ·	 vf
	violations, and enforcement of the conse	, , , , , ,		
	Staff and volunteer hours devoted to mo			
	>	0, 1 0,	,	ζ ,
7	Amount of expenses incurred in monitori	ing, inspecting, handlin	g of violations, and enforcing conser	vation easements during the year
	▶ \$,
8	Does each conservation easement repor	ted on line 2(d) above s	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organizatio			
	include, if applicable, the text of the foot	note to the organization	n's financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Maintainin	g Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answ	vered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted	under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar asset	ts held for public exhib	ition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial sta	atements that describe	s these items.	
b	If the organization elected, as permitted	under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for	public exhibition, educ	cation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:			
((i) Revenue included on Form 990, Part	t VIII, line 1		
	(ii) Assets included in Form 990, Part ${\sf X}$			·
2	If the organization received or held works	s of art, historical treas	ures, or other similar assets for financ	cial gain, provide
	the following amounts required to be rep			
а	Revenue included on Form 990, Part VIII	, line 1		
b.	Assets included in Form 990, Part X			\$

2,292,894.

2,077,021.

2,077,156.

Schedule D (Form 990) 2016

937,984.

454,964

1,427,730.

34,782

1,354,910.

1,622,057.

2,042,374.

e Other

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment

Schedule D (Form 990) 2016	THE AMERIC	AN KADIO KELAI	LEAGUE,	TINC.	
Part VII Investments - 0	Other Securities.				

Complete if the organization answered "Yes" or			and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
	- F 000 D-+ N/ I		
Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV, li (b) Book value	ne 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or	end-of-year market value
	(b) Book value	(c) Method of Valuation. Cost of	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		ne 11d. See Form 990, Part X, line 15.	1 415
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		>
Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED LIFE MEMBER DUES		7,296,114.	
(3) DEFERRED TERM MEMBER DUES		4,079,030.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

^{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

Schedule D				AMERICAN					00-000004
Part XI	Reco	nciliation	of Reve	nue per Audit	ted Financ	cial State	ments With	Revenue	per Return.
	· .								

	·		•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,880,252.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	895,484.		
b	Donated services and use of facilities	2b			
С		2c			
d	Other (Describe in Part XIII.)	2d	1,703,496.		
е	Add lines 2a through 2d			2e	2,598,980.
3	Subtract line 2e from line 1			3	14,281,272.
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	1a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,281,272.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	Wit	h Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	15,190,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses 2	2c			
d	Other (Describe in Part XIII.)	2d	1,703,496.		
е	Add lines 2a through 2d			2e	1,703,496.
3	Subtract line 2e from line 1			3	13,487,449.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	1a			
b	Other (Describe in Part XIII.)	1b			
c	Add lines 4a and 4b			40	0.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

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

PART V, LINE 4:

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 IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, THE LEAGUE IS SUBJECT TO FEDERAL AND STATE INCOME TAX AS A RESULT OF UNRELATED BUSINESS INCOME ARISING FROM NET ADVERTISING INCOME. THERE ARE NO UNRELATED BUSINESS INCOME TAX LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

13,487,449.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE AMER	ICAN RADIO	RELAY LEAG	UE, INC.				06-600004
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	s to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's p	procedures for monit	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance t	_				anization answered "Y	es" on Form 990, Part I'	V, line 21, for any
recipient that received more that					(f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)		-	e line 1 table				>
3 Enter total number of other organization	ons listed in the line	1 table					
LHA For Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATION GRANTS	4	0.	4,319.	FAIR MARKET VALUE	RADIO EQUIPMENT
LEGAL FUND	4	1,770.	0.		
COLVIN AWARD	1	1,500.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.	
FORM 990, SCHEDULE 1, PART IV					
EDUCATION GRANTS: APPLICATIONS A	RE RANKED	BASED ON S	SPECIFIC CR	ITERIA	
INCLUDING: EVIDENCE OF A WELL THO	UGHT OUT F	LAN, COMM	TMENT FROM	SCHOOL	
ADMINISTRATION, AVAILABILITY OF A					
THE TEACHER HAVING ATTENDED OR WI					
INSTITUTE CLASS. ARRL PURCHASES					
GRANTEE. NO CASH IS PROVIDED TO		-			
GRANIEE. NO CASH IS PROVIDED TO	INE RECIPI	- ETAT •			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Department of the Treasury

THE AMERICAN RADIO RELAY LEAGUE, INC. Employer identification number 06-6000004

06-6000004 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or Х reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

OMB No. 1545-0047

Open to Public

Inspection

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 benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) BARRY SHELLEY	(i)	149,465.	0.	871.	8,990.	1,875.	161,201.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS GALLAGHER	(i)	143,560.	21,449.	686.	1,246.	19,652.	186,593.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
(3) BRENNAN PRICE	(i)	115,666.	39,900.	149.	9,663.	29,204.		0.
СТО	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 4A:
BRENNAN PRICE RECEIVED A SEVERANCE PAYMENT FOR CALENDAR YEAR 2016.
PART I, LINE 7:
OUTGOING CHIEF EXECUTIVE OFFICER RECEIVED A BOARD APPROVED CALENDAR YEAR
2016 BONUS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

THE AMERICAN RADIO RELAY LEAGUE,

➤ Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

INC.

Name of the organization

Employer identification number 06-6000004

Pa	rt i Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		_	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	S
1	Art - Works of art		TICING CONTINUES	T Offit COO, T are Vin, mic 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X	15	11,247.	EMT7			
6	Cars and other vehicles	Λ	13	11,24/•	L M A			
7	Boats and planes							
8	Intellectual property		4	F0 F10				
9	Securities - Publicly traded	X	4	50,712.	F.W∧			
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 organiz	•						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
						$\overline{}$	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed 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 p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	i
32a	Does the organization hire or use third parties of							
_	contributions?		•			32a	х	
h	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is ched	cked.			
-	describe in Part II.	2.2.7117 (0) 101	, po o, proporty		,			
ΙΗΔ	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	(Form	990) (2016)

Schedule M (Form 990) (2016) THE AMERICAN RADIO RELAY LEAGUE, INC.	06-6000004	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organiza nation of both. Also comp	tion olete
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTOR	RS.	
SCHEDULE M, LINE 32B:		
THE LEAGUE MAINTAINS ACCOUNTS WITH A FINANCIAL INSTITUTION	WHICH IS	
USED TO LIQUIDATE DONATED SECURITIES.		
		-

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

THE AMERICAN RADIO RELAY LEAGUE, INC. **Employer identification number** 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, NEWSPAPERS 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 \$ 432,973. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20.
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.

THE AMERICAN RADIO RELAY LEAGUE, INC.

Employer identification number 06-6000004

THE ORGANIZATION IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF 15

DIRECTORS, EACH REPRESENTING A TERRITORIAL DIVISION REPRESENTING 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 EACH TERRITORIAL

DIVISION. TO BE ELIGIBLE AS A FULL MEMBER, AN APPLICANT MUST BE A RESIDENT

OF THE UNITED STATES, ITS POSSESSIONS, THE COMMONWEALTH OF PUERTO RICO, OR

A UNITED STATES CITIZEN TEMPORARILY RESIDING ELSEWHERE, AND THE HOLDER OF

AN UNEXPIRED AMATEUR RADIO OPERATOR'S LICENSE OR RECIPROCAL OPERATING

AUTHORIZATION ISSUED BY THE UNITED STATES. IN ORDER TO BE ELIGIBLE FOR

ELECTION, A DIRECTOR MUST HAVE BEEN A FULL MEMBER FOR AT LEAST FOUR

CONTINUOUS YEARS IMMEDIATELY PRECEDING NOMINATION AND THROUGHOUT THE

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

SUBSEQUENT TERM OF OFFICE.

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,

Employer identification number Name of the organization 06-6000004 THE AMERICAN RADIO RELAY LEAGUE, INC. WHETHER OR NOT THE BOARD MEMBER BELIEVES A CONFLICT EXISTS. AFTER DISCLOSURE OF THE POTENTIAL CONFLICT OF INTEREST, THE DISINTERESTED MEMBERS OF THE ETHICS AND ELECTIONS COMMITTEE SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS OR CONTINUING AND PERVASIVE CONFLICT OF INTEREST EXISTS. NEITHER THE BOARD NOR ANY COMMITTEE OF THE BOARD SHALL VOTE 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 COMMITTEE HAS ADDRESSED THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST. ALSO, EACH BOARD MEMBER SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: (I) HAS RECEIVED A COPY OF THE CURRENT CONFLICT OF INTEREST 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 ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE 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

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

PERFORMANCE OF THE INCUMBENT IN COMPARISON TO A SET OF GOALS AND OBJECTIVES

FOR THE ORGANIZATION AND THE INDIVIDUAL.

Name of the organization THE AMERICAN RADIO RELAY LEAGUE, INC.	Employer identification number $06-6000004$
PERFORMANCE OF THE OFFICER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S BY LAWS, ARTICLES OF ASSOCIATION AND FI	NANCIAL
STATEMENTS ARE ALL POSTED ON THE ARRL WEB SITE. THE CONFLI	CT 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 OVER	SIGHT OR
SELECTION PROCESS DURING THE TAX YEAR.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

THE AMERICAN RADIO RELAY LEAGUE, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-6000004

(a)	(b)	(c)	(d)	(e))	i	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o	or Total inco	me End-of-yea	r assets		Direct controlling entity	
ldentification of Related Tax-Exempt Orga organizations during the tax year.	 nizations. Complete if the organization a	 answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more rel	ated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	1	(f) controlling entity		(g) 512(b)(1 trolled ntity?
				501(c)(3))			Yes	No
E ARRL FOUNDATION, INC 23-7325472	TO OPERATE FOR CHARITABLE,							
5 MAIN STREET	EDUCATIONAL AND SCIENTIFIC							

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)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Legal domicile Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year	Disproportionate			ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	(related, unrelated, income excluded from tax under		allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership		
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	0		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) Section 12(b)(13) ontrolled entity?	
		Couriery)						Yes	No	

Page 3

Yes No

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

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	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		X
g	Sale of assets to related organization(s)				1g		X
	n Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	• Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0	Sharing of paid employees with related organization(s)				10		X
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete thi	s line, including covered re	elationships and transaction thresholds.			
	Name of related organization Transa	b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
۵۱							
3)							
41							
4)							
E)							
5)							
6)							
6) 2012	20.00.00.40			Calcadada F) (E_~~	» 000°	2046
3216	63 09-06-16			Schedule F	i (Forr	11 990	2016

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)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(H	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentag
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	alloca	tions?	amount in box 20	partne	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Ves N	
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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	number
Type or	Name of exempt organization or other filer, see instruc	Employer identification number (EIN				
print						
File by the	THE AMERICAN RADIO RELAY LE		0004			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 225 MAIN STREET	Social security number (SSN)				
instructions.	City, town or post office, state, and ZIP code. For a fo NEWINGTON, CT 06111-1494	reign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph If the c If this i box ▶ [1 I rec for: • •	quest an automatic 6-month extension of time until the organization named above. The extension is for the oxidate $\overline{\mathbf{X}}$ calendar year $\underline{2016}$ or tax year beginning te tax year entered in line 1 is for less than 12 months, check the content of the content	in the Uni Group Exe and atta NOVEN Organizatio	Fax No. ted States, check this box mption Number (GEN) . If the a list with the names and EINs of MBER 15, 2017 , to file in's return for:	this is fo	r the whole gro	on is for.
	Change in accounting period					
	iis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any			0
	refundable credits. See instructions.			3a	\$	0.
	iis application is for Forms 990-PF, 990-T, 4720, or 6069			۱ ۵.		0.
	mated tax payments made. Include any prior year overpa			3b	\$	<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa	•	• • •		•	0.
	using EFTPS (Electronic Federal Tax Payment System). Solf you are going to make an electronic funds withdrawal			3c	\$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)