EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	e 2021 calendar year, or tax year beginning	and	ending						
	Check if applicabl	C Name of organization			D Employer identif	ication number				
	Addre	e THE AMERICAN RADIO RELAY	LEAGUE, INC.							
	Name chang	e Doing business as			06-6000004					
	Initial return Final return	Number and street (or P.O. box if mail is not delivere 225 MAIN STREET	d to street address)	Room/suite	E Telephone number 860-594-0200					
	termin ated		or foreign postal code		G Gross receipts \$ 30,502,934.					
	Amen				H(a) Is this a group return					
	Applic tion		MIDDLETON		for subordinates					
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No				
1	Гах-ех	empt status: X 501(c)(3)	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions				
J١	Nebsi	te: ▶ WWW.ARRL.ORG			H(c) Group exemption	on number				
K	orm of	organization: X Corporation Trust Associa	ntion Other 🕨	L Year	of formation: 1914	M State of legal domicile: CT				
Pa	art I	Summary								
an an	1	Briefly describe the organization's mission or most sign				IN AMATEUR				
Governance		RADIO AND THE ESTABLISHMENT	OF AMATEUR RA	DIO NE	TWORKS.					
rns	2	Check this box if the organization discontinu	ed its operations or dispos	sed of more	than 25% of its net as					
Š	3	Number of voting members of the governing body (Part			3	15				
	1 -	Number of independent voting members of the governing				15				
es		Total number of individuals employed in calendar year 2				99				
Activities &		Total number of volunteers (estimate if necessary)				48254				
Act		Total unrelated business revenue from Part VIII, column								
	b	Net unrelated business taxable income from Form 990-	I, Part I, line 11	<u></u>						
		Contributions and averte (Dort VIII line 1b)			Prior Year 2,509,100.	Current Year 3,004,780.				
ne	8				10,360,581.					
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and	7.4\		769,175.					
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			931,382.	801,413.				
	1	Total revenue - add lines 8 through 11 (must equal Part			14,570,238.					
		Grants and similar amounts paid (Part IX, column (A), lir			357,707.					
	1	Benefits paid to or for members (Part IX, column (A), line			0.					
"	45	Salaries, other compensation, employee benefits (Part I			7,682,299.	7,234,306.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1			0.	0.				
ber	b	Total fundraising expenses (Part IX, column (D), line 25)		46.						
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			5,003,071.	5,391,238.				
		Total expenses. Add lines 13-17 (must equal Part IX, co			13,043,077.	12,705,961.				
	19	Revenue less expenses. Subtract line 18 from line 12			1,527,161.	2,778,779.				
Net Assets or				Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			40,267,537.	43,746,662.				
t As	21	Total liabilities (Part X, line 26)			14,486,465.					
	22	Net assets or fund balances. Subtract line 21 from line	20		25,781,072.	29,602,063.				
	art II	Signature Block								
		Ilties of perjury, I declare that I have examined this return, inclu				y knowledge and belief, it is				
true	, correc	ct, and complete. Declaration of preparer (other than officer) is	pased on all information of wr	nich preparer	nas any knowledge.					
0:		Signature of officer			I Date					
Sig		DIANE MIDDLETON, CFO			Duto					
Her	е	Type or print name and title								
		,	parer's signature	To	Date Check	PTIN				
Paid	i		JL BALLASY	1	0/03/22 if self-emplo					
	arer	Firm's name COHNREZNICK LLP			Firm's EIN ▶	22-1478099				
-	Only		12TH FLOOR		THITSEIN					
	,	HARTFORD, CT 06103			Phone no. 95	9-200-7000				
May	the II	RS discuss this return with the preparer shown above?	See instructions		1. Hollo Hole	X Yes No				

Form	1990 (2021) THE AMERICAN RADIO RELAY LEAGUE, INC. 06-6000004	Page 2
	rt III Statement of Program Service Accomplishments	r age =
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PURPOSES FOR WHICH OUR CORPORATION IS FORMED ARE THE FOLLOWING:	
	THE PROMOTION OF INTEREST IN AMATEUR RADIO COMMUNICATION AND	
	EXPERIMENTATION; THE ESTABLISHMENT OF AMATEUR RADIO NETWORKS TO	
	PROVIDE ELECTRONIC COMMUNICATIONS IN THE EVENT OF DISASTERS OR OTHER	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3	· · · · · · · · · · · · · · · · · · ·	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	d
	revenue, if any, for each program service reported.	FO .
4a	(Code:) (Expenses \$6, 296, 622. including grants of \$80, 417.) (Revenue \$6, 921, 6	
	PROMOTION OF PUBLIC INTEREST IN AND EXPERIMENTATION WITH AMATEUR RADI	.0
	COMMUNICATIONS, ENCOURAGEMENT OF THE EXCHANGE OF IDEAS AND EXPERTISE AMONG MEMBERS AND VARIOUS OTHER MEMBERSHIP PROGRAMS.	
	AMONG MEMBERS AND VARIOUS OTHER MEMBERSHIP PROGRAMS.	
4b	(Code:) (Expenses \$2, 138, 714. including grants of \$) (Revenue \$1, 420, 1	74.)
	QST: MONTHLY PERIODICAL FOR ARRL MEMBERS (CIRCULATION APPRX. 160,276	,
	PRINT & DIGITAL) TO DELIVER NEWS AND INFORMATION RELATED TO AMATEUR	
	RADIO INCLUDING PRODUCT REVIEWS AND EDITORIAL CONTENT. APPROXIMATELY	
	605 COPIES MONTHLY ARE DISTRIBUTED THROUGH WHOLESALERS.	
4c	(Code:) (Expenses \$:12.
	ADVOCACY: PROMOTE THE USE OF AMATEUR RADIO, ESPECIALLY AS EMERGENCY	
	COMMUNICATION IN TIME OF DISASTER. MONITOR FCC REGULATIONS IN REGARD	S
	TO AMATEUR RADIO ON BEHALF OF MEMBERS. MONITOR LEGISLATION AS IT	
	RELATES TO AMATEUR RADIO TO KEEP MEMBERS INFORMED OF IMPORTANT CHANGE	s.

) (Revenue \$

Form **990** (2021)

4d Other program services (Describe on Schedule O.)

Total program service expenses

389,199. including grants of \$

xnenses > 9,302,809.

Page 3

Form 990 (2021) THE AMERICAN RADIO RELAY LEAGUE, INC. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	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	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Rev. Proc. 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	_		, v
_	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 donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3		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	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 33 3	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-tu		 ^*
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^*
IJ	,	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	30			

(gambling) winnings to prize winners?

Page 4

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 90 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2021) THE AMERICAN RADIO RELAY LEAGUE, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	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.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-710		
.5	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	le the examination an educational institution subject to the section 4000 evaluators are not investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
	,			_

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		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, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	···			
~	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	···			
	The governing body?	- 1	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	···			
Ū	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	(This Section & reguests information about policies not required by the internal neverue Gode.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	Н	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	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? <i>If</i> "Yes," <i>describe</i>	···· [
	on 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	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	···			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	···	100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	- 1	16b		
Sec	tion C. Disclosure		100		
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	-)(3)e (only)	availa	hle
.0	for public inspection. Indicate how you made these available. Check all that apply.) ₍ () ₃ (Orny)	uvalla	
	X Own website Another's website X Upon request Other (explain on Schedule O)				
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	and 4	finan	rial	
19	statements available to the public during the tax year.	, anu 1	ııııdlı	Jal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	DIANE MIDDLETON - 860-594-0200				
	225 MAIN ST, NEWINGTON, CT 06111-1494				
	220 Imim DI / Name Not On Out 1 1131				

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list anv						ĺ	from the	from related organizations	other compensation
	hours for	direc				pe		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	com p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID MINSTER	40.00									
CEO/SECRETARY				Х				222,881.	0.	26,322.
(2) DIANE MIDDLETON	40.00									
CFO				Х				182,771.	0.	35,663.
(3) ROBERT INDERBITZEN	37.50									
PRODUCT DEVELOPMENT MANAGER						X		123,440.	0.	30,065.
(4) JONATHAN SIVERLING	37.50									
TECHNICAL RELATIONS SPECIALIST						X		133,826.	0.	16,886.
(5) BECKY SCHOENFELD	37.50									
PUBLICATION & EDITORIAL MANAGER						X		116,574.	0.	18,914.
(6) KATHLEEN CALLAHAN	37.50								_	
MARKETING MANAGER						X		115,188.	0.	18,652.
(7) DENNIS BUDD	37.50									
PRINCIPAL SOFTWARE ENGINEER						X		112,379.	0.	6,710.
(8) RICHARD RODERICK	10.00									
PRESIDENT				Х				0.	0.	0.
(9) MICHAEL RAISBECK	10.00									
FIRST VP				Х				0.	0.	0.
(10) BOB VALLIO	10.00									
SECOND VP				Х				0.	0.	0.
(11) RODNEY STAFFORD	10.00									
INT'L VP	1000			Х				0.	0.	0.
(12) FREDERICK NISWANDER	10.00	-							•	
TREASURER	2.00			Х				0.	0.	0.
(13) TOM ABERNETHY	10.00								•	•
DIRECTOR	0.50	Х						0.	0.	0.
(14) MICKEY BAKER	10.00								•	•
DIRECTOR	10.00	Х						0.	0.	0.
(15) KERMIT CARLSON	10.00								0	0
OUTGOING DIRECTOR	10.00	Х						0.	0.	0.
(16) GEORGE HIPPISLEY	10.00	٠,							_	•
DIRECTOR	10 00	Х	\vdash					0.	0.	0.
(17) FRED HOPENGARTEN	10.00	37							_	^
DIRECTOR		Х						0.	0.	0.

Form 990 (2021) THE AMER.	ICAN RAL	<u>) T O</u>	<u> </u>	<u> </u>	AΥ	<u>ப</u>	ĽΑ	GUE, INC.	06-6000	UU4 Page O
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl , unles cer an	ss per	nore son is	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) RIA JAIRAM	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(19) BILL LIPPERT DIRECTOR	10.00	x						0.	0.	0.
(20) CARL LUETZELSCHWAB	10.00									
DIRECTOR		Х						0.	0.	0.
(21) KRISTEN MCINTYRE	10.00									
DIRECTOR		Х						0.	0.	0.
(22) DAVID NORRIS	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(23) RICHARD NORTON	10.00]								
DIRECTOR	0.50	Х						0.	0.	0.
(24) MIKE RITZ	10.00									
DIRECTOR	0.50	Х						0.	0.	0.
(25) JEFF RYAN	10.00									
DIRECTOR		Х						0.	0.	0.
(26) JOHN STRATTON	10.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal								1,007,059.	0.	153,212.
c Total from continuation sheets to Part V	I, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	1,007,059.	0.	153,212.
 Total number of individuals (including but r compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	7

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from 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
LSC COMMUNICATIONS US, LLC		
PO BOX 842291, BOSTON, MA 02284	PRINTING/SHIPPING	1,098,236.
FEDERAL EXPRESS		
PO BOX 371461, PITTSBURG, PA 15250	SHIPPING	427,765.
CUMMINGS PRINTING COMPANY		
4 PETERS BROOK DR, HOOKSETT, NH 03106	PRINTING/SHIPPING	170,550.
SUNTECH SOLUTIONS LLC, 42247 HAMPTON WOODS		
TER, BRAMBLETON, VA 20148	SOFTWARE DEVELOPMENT	166,650.
NORDYK & ASSOCIATES, INC	COMPUTER HARDWARE &	
884 INDIAN HILL RD, ORANGE, CT 06477	SUPPORT	154,300.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 14	d above) who received more than	

Form 990 THE AMER	CAN RAD	IC) R	EL	ΑY	_ <u>L</u>	EΑ	GUE, INC.	06-600	0004
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	(check all t			app	ly)	compensation	compensation	amount of
	per					a a		from the	from related	other
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ed em		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	related	tee oi	ustee			ensat				and related
	organizations	al trus	onal t		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(05) 2375 2377 2376		드	드	ō	3	王	F			
(27) DALE WILLIAMS DIRECTOR	10.00	х						0.	0.	^
(28) ART ZYGIELBAUM	10.00	A						0.	0.	0.
DIRECTOR	10.00	х						0.	0.	0.
DIRECTOR		Δ						0.	0.	· ·
-										
-										
-										
			_	_		_				
-										
			\vdash	-		\vdash				
		1								
		<u> </u>		l						
Total to Part VII, Section A, line 1c										
יסימי נט ו מונ אוו, טפטנוטוד א, וווופ דע								I	l .	

		Check if Schedule O	contains	s a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b								
جَ ۾		Fundraising events							
fts, r A									
ig ig		Government grants (contr		—	1,378,864.				
Sin		All other contributions, gifts,							
e H	'	similar amounts not included		1f	1,625,916.				
흡	_				49,636.				
n ou	g		lines la-li	Igγ	15,050.	3,004,780.			
O 6		Total. Add lines 1a-1f			Business Code	3,001,700:			
_	0 0	MEMBERSHIP DUES			511120	6,724,700.	6,724,700.		
<u>i</u>	2 a	ADVEDETATION THROWS			541800	1,617,421.	58,680.	1558741.	
er.	b	CIRCULATION/PUBLICAT	PTON.		511120	920,340.	920,340.	1550741.	
n S	С.				511120	-	541,502.		
Program Service Revenue	d	EXAM FEES	563		511120	541,502.	368,057.		
Š	e				511120	368,057.	366,037.		
ъ.	Ť	All other program service	revenue	·		10 172 020			
	g					10,172,020.			
	3	Investment income (include				755 013			755 010
	_	other similar amounts)				755,213.			755,213.
	4	Income from investment of			roceeds	27 410			27.410
	5	Royalties			(") Davidanial	27,418.			27,418.
			<u> </u>	(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	' '''	6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss)	$\overline{}$						
	7 a	Gross amount from sales of	I <u>⊢</u> `	i) Securities	(ii) Other				
		assets other than inventory	7a 1.	3,904,219.					
	b	Less: cost or other basis							
Jue		and sales expenses		3,149,009.					
ther Revenue		Gain or (loss)	7c	755,210.	-3,896.				
8		Net gain or (loss)				751,314.			751,314.
he	8 a	Gross income from fundraising	ng events	s (not					
ō		including \$		of					
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I		I .					
		and allowances							
		Less: cost of goods sold			1,865,289.				
\rightarrow	С	Net income or (loss) from	sales of	inventory		744,030.			744,030.
Ø					Business Code				
Miscellaneous Revenue	11 a	OTHER REVENUE			900099	29,965.	29,965.		
lan enu	b								
Sel Se	С								
Mis		All other revenue							
		Total. Add lines 11a-11d				29,965.			
	12	Total revenue. See instruction	ns			15,484,740.	8,643,244.	1558741.	2277975.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	80,417.	80,417.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	467,637.		467,637.							
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	5,195,376.	4,154,297.	827,928.	213,151.						
8	Pension plan accruals and contributions (include	044 040	100 1==	40.00=	0.050						
	section 401(k) and 403(b) employer contributions)	244,242. 878,990.	192,175.	42,207.	9,860. 35,245.						
9	Other employee benefits	878,990.	686,903.	156,842.							
10	Payroll taxes	448,061.	332,328.	98,682.	17,051.						
11	Fees for services (nonemployees):										
а	Management	244 625	101 406	F4 02F	0.264						
b	Legal	244,625.	181,426.	54,835. 46,320.	8,364.						
C	Accounting	46,320. 90,082.	90,082.	46,320.							
d	Lobbying	90,002.	90,002.								
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	526,895.	401,852.	102,363.	22,680.						
40	column (A), amount, list line 11g expenses on Sch 0.)	320,033.	401,032.	102,303.	22,000.						
12 13	Advertising and promotion	893,032.	759,318.	62,400.	71,314.						
14	Office expenses Information technology	033,032.	733,310.	02,400.	71,314.						
15	Royalties										
16	Occupancy	576,428.	288,508.	279,949.	7,971.						
17	Travel	37,655.	32,655.	4,730.	270.						
18	Payments of travel or entertainment expenses	,	J_ / J J J J	-,							
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	249,396.	152,114.	90,894.	6,388.						
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
	amount, list line 24e expenses on Schedule 0.)	4 450 000	4.50.000								
а	SHIPPING & FORWARDING C	1,470,208.	1,470,208.	141 600	16 110						
b	RENTALS & EQUIPMENT MAI	508,605.	350,561.	141,602.	16,442.						
С	MISCELLANEOUS	433,563.	40,566.	341,824.	51,173.						
d	GOVERNANCE	276,887.	80,562.	196,325.	2 727						
	All other expenses Add lines 1 through 0.4s	37,542. 12,705,961.	8,837. 9,302,809.	24,968.	3,737.						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	14,700,901.	9,304,009.	4,333,300.	463,646.						
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 fifollowing SOP 98-2 (ASC 958-720)										
	IT TOILOWING SUP 98-2 (ASC 958-720)				5 000 (2024)						

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note to	o any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,479,130.	1	1,992,047.
	2	Savings and temporary cash investments			2,221,745.	2	1,076,182.
	3	Pledges and grants receivable, net			452,867.	3	424,994.
	4	Accounts receivable, net		400,921.	4	657,872.	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan-					
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	tion 4958(c)(3)(B)		6		
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			418,725.	8	402,390.
Ÿ	9	5			429,765.	9	420,292.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D1		8,969,184.			
	b	Less: accumulated depreciation	6,804,423.	1,868,990.	10c	2,164,761. 36,608,124.	
	11	Investments - publicly traded securities		32,995,394.	11	36,608,124.	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15	10 = 11 110	
	16	Total assets. Add lines 1 through 15 (must equal li			40,267,537.	16	43,746,662.
	17	Accounts payable and accrued expenses		957,573.	17	1,057,328.	
	18	Grants payable	1 150 004	18	05 225		
	19	Deferred revenue		1,178,824.	19	85,337.	
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
Ħ		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these p				22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	7-24)	. Complete Part X	12,350,068.	25	13,001,934.
	06	=		·····	14,486,465.	25 26	14,144,599.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check		<u> </u>	11,100,103.	20	14,144,333.
S		and complete lines 27, 28, 32, and 33.	Here				
ğ	27				16,992,666.	27	20,328,413.
sala	28	Net assets with donor restrictions	8,788,406.	28	9,273,650.		
Ā	20	Organizations that do not follow FASB ASC 958,			0,100,2001		3 / 2 / 3 / 3 3 3 4
Ē		and complete lines 29 through 33.	, 0				
þ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			25,781,072.	32	29,602,063.
~	33	Total liabilities and net assets/fund balances			40,267,537.	33	43,746,662.
		. 3.2apintiod and not about fund balanood			, = ,		200

Form **990** (2021)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE AMERICAN RADIO RELAY LEAGUE 06-6000004 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the 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.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 2011	(6) 2010	(0) 2013	(4) 2020	(6) 2021	(i) Total
	Gross income from interest.						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata (aaa inatuustis				12	
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-
13	organization, check this box and stop	· ·		·	•	. , . ,	ightharpoonup
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (fl)		14	%
	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o		•				
-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances tes				raanization	-	\sim
h	10% -facts-and-circumstances test	-	•	* ''	-	 17a. and line 15 is 1	
-	more, and if the organization meets th	_					. = , v · v .
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization			•	•		
		:=::::::::::::::::::::::::::::::::::::		,,,	,		

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

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

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4,) = 3	(2) 20:0	(5) = 5 : 5	(3,) = 3 = 3	(5) = 5 = 1	(.,
	membership fees received. (Do not						
	include any "unusual grants.")	2827485.	1089629.	1568353.	2509100.	3004780.	10999347.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13652684.	13389926.	12823554.	13107948.		
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	16480169.	14479555.	14391907.	15617048.	<u> 15786119.</u>	76754798.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						76754798.
Se	ction B. Total Support		r	T		r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	16480169.	14479555.	14391907.	15617048.	15786119.	76754798.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	425,988.	477,313.	738,620.	666,291.	782,631.	3090843.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	425,988.	477,313.	738,620.	666,291.	782,631.	3090843.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	123,3001	17773134	75070201	000,2310	70270310	30300131
12	Other income. Do not include gain or loss from the sale of capital	41,153.	80,380.	100,787.	59,794.	29,965.	312,079.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	16947310.	15037248.				
	First 5 years. If the Form 990 is for the			•	•	•	•
						. , . ,	>
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2021 (line 8, column (f), d	ivided by line 13, o	column (f))		15	95.75 %
16	Public support percentage from 2020					16	96.22 %
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	021 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	3.86 %
18	Investment income percentage from					18	3.34 %
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
k	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the	-	-				▶ <u>X</u>
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	▶□

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
Зс		
40		
4a		
4b		
TIJ		
4c		
Fa		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally in	ntegra	ted Type III supporting organ	ization (see

7

8

Schedule A (Form 990) 2021

6

7

8

Multiply line 5 by 0.035.

instructions).

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE C

(Form 990)

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

Political Campaign and Lobbying Activities

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

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.

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

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

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Em	ployer identification number
		RICAN RADIO RELA			06-6000004
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527 o	rganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campainant I-B Complete if the organize Provide Action 1.5 Complete in the organization of the organ	ures		>	\$
	·	·		·	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	?	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made? If "Yes," describe in Part IV.				tes No
		janization is exempt und	er section 501(c).	except section 501	(c)(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	by the filing organization for se ization's funds contributed to ot	ction 527 exempt functions for se	ion activities ction 527	\$
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organiz a separate political orga	ation's funds. Also enter t anization, such as a separa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedu	ule C (Form 990) 2021	THE AN	MERICA	N RADIO REL	AY LEAGUE,	INC. 06-6	000004	Page 2
Part	II-A Complete if the or	ganizatio	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction und	er
A Che	expenses, and sh	are of excess	s lobbying e	expenditures).		group member's name	e, address, El	N,
B Che	Lin	nits on Lobb	ying Expe	nd "limited control" pro nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated total	• .
b Т с Т	Total lobbying expenditures to in Total lobbying expenditures to in Total lobbying expenditures (add	fluence a leg lines 1a and	islative bod	ly (direct lobbying)		90,082. 90,082.		
	Other exempt purpose expenditu			 \		12,615,879. 12,705,961.		
	Total exempt purpose expenditu Lobbying nontaxable amount. En	· ·				785,298.		
	f the amount on line 1e, column (a)			bying nontaxable am		70372301		
	Not over \$500,000	01 (2) 10.		the amount on line 1e.	ount ioi			
	Over \$500,000 but not over \$1,0	00,000		00 plus 15% of the exce	ess over \$500,000.			
	Over \$1,000,000 but not over \$1	,500,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.			
	Over \$1,500,000 but not over \$1	7,000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.			
	Over \$17,000,000		\$1,000,	000.				
						105 005		
_	Grassroots nontaxable amount (e		,			196,325.		
	Subtract line 1g from line 1a. If ze	•				0.		
	Subtract line 1f from line 1c. If ze	•				0.		
-	f there is an amount other than z			,		г		
r	reporting section 4911 tax for thi			vening David Huder			Yes	No
	(Some organizations	that 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.	
		Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		T	
	Calendar year (or fiscal year beginning in)	(a) 2	2018	(b) 2019	(c) 2020	(d) 2021	(e) To	tal
	Lobbying nontaxable amount	801	,459.	791,313.	800,374.	785,298.	3,178	,444.
	Lobbying ceiling amount (150% of line 2a, column(e))						4,767	<u>,666.</u>
<u>c T</u>	Total lobbying expenditures	134	1,500.	77,787.	92,420.	90,082.	394	<u>,789.</u>
d (Grassroots nontaxable amount	200	,365.	197,828.	200,094.	196,325.	794	,612.
	Grassroots ceiling amount (150% of line 2d, column (e))						1,191	,918.

20,539.

13,562.

Schedule C (Form 990) 2021

34,101.

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021 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 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	1	(a)		(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Ame	ount	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
, , ,					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04(-)/F	-1	1.		
ort III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)), or sec	ction		
(-)(-)			Yes	N	
Were substantially all (90% or more) dues received nondeductible by members?		1			
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior vear?	? 3			
answered "Yes."		1			
Dues, assessments and similar amounts from members					
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cai				
	oui .				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).					
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year		2a			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).		2a			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2a 2b 2c			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2a 2b 2c			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ess	2a 2b 2c			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess olitical	2a 2b 2c 3			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE AMERICAN RADIO RELAY LEAGUE, INC.

Employer identification number 06-6000004

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		-
	• •		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreat	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	· ·	
	of art, historical treasures, or other similar assets held for pub	,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and t	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	•	
а	, , ,		
h	Assets included in Form 900 Part V		C

Sche Par		RICAN RADIO				r Sim	06-60	000004	Page 2
	<u> </u>							•	<u>ed)</u>
3	Using the organization's acquisition, accession	on, and other records	s, cneck any of the f	rollowing tha	t make s	significa	int use of its		
	collection items (check all that apply):	_	□ .						
a	Public exhibition	d		hange progra					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization	on's exe	mpt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or othe	er similaı	r assets	3 _	_	
_	to be sold to raise funds rather than to be ma						L	Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered	"Yes" or	Form	990, Part IV	, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other as:	sets not	include	ed _	_	
	on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			_			
								Amount	
С	Beginning balance					1	С		
	Additions during the year						d		
	Distributions during the year						е		
f	Ending balance						If		
2a	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line				
	·	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Th	ree years back	(e) Four y	ears back
1a	Beginning of year balance	18,353,625.	16,068,794.	13,75	8,363.	1	4,300,446	. 12,1	79,086.
	Contributions	436,574.	992,861.	50	4,217.		7,251	. 1,1	74,610.
	Net investment earnings, gains, and losses	2,001,538.	1,512,949.		9,312.		-514,544		77,699.
	Grants or scholarships								
	Other expenditures for facilities								
·	and programs	241,535.	220,979.	24	3,098.		34,790	.	30,949.
f	Administrative expenses	, -	, -		, -				
		20 550 202.	18,353,625.	16 06	8,794.	1	3,758,363	. 14 3	300,446.
2	Provide the estimated percentage of the curre				-,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-	
	Board designated or quasi-endowment	69.5700	%	I) Held as.					
	Permanent endowment > 23.5400	%							
	5 0000	⁷⁰ %							
C	• —	· -							
0-	The percentages on lines 2a, 2b, and 2c should be the description of t	•					:		
Sa	Are there endowment funds not in the posses	ssion of the organizat	lion that are neid ar	ia administe	rea for tr	ie orga	riizatiori	Г	res No
	by:								X
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organization							3 b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		vment funds.						
Fai			Dort IV line 11e S	00 Form 000	Dort V	lina 10	١		
	Complete if the organization answered				i -				
	Description of property	(a) Cost or ot basis (investm		or other (other)		Accumu epreciat		(d) Book	value
1a	Land								
	Buildings	I	3,58	3,350.	2,	818	796.	$76\overline{4}$,554.
	Leasehold improvements								
	Equipment		2,29	6,588.		013,	474.	1,283	$,\overline{114.}$
	Other	I	3,08	9,246.	2,	972,	153.	117	,093.
	. Add lines 1a through 1e. (Column (d) must ed		•			<u></u>		2,164	,761.

Part VII	Investments -	Other	Securities.

Part VII	J	on Form 000 Dort IV line:	11h Coo Form 000 Port V line 10	
(a) Descri	Complete if the organization answered "Yes" ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	ial derivatives	(b) Book value	(e) Welfied of Valdation. Cost of Che	or your market value
	de et al la completa de la completa			
(2) Oloseiy (3) Other	neia equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	ware (b) sout a such Faura 2000 Boot V and (D) line	- 15 \	.	
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 10.)		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			(-,
	EFERRED LIFE MEMBER DUES			8,538,426.
$\overline{}$	EFERRED TERM MEMBER DUES			4,463,508.
(4)				_, ,
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	e 25.)		13,001,934.

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

THE LEAGUE'S FEDERAL INFORMATION RETURNS PRIOR TO CALENDAR YEAR 2018 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. THE LEAGUE RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2021
Open to Public

Inspection

Name of the organization **Employer identification number** 06-6000004 THE AMERICAN RADIO RELAY LEAGUE, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ARISS-USA 909 METFIELD RD TOWSON, MD 21286 85-1185748 501C3 75,000. 0 SUPPORT OF ARISS Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	erea "Yes" on Form 9	90, Part IV, line 22.	
(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
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	In (b); and any other ac	I dditional information.	

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.

► Attach to Form 990.

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

Que la Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE AMERICAN RADIO RELAY LEAGUE, INC.

Employer identification number 0.6-6.0000004

Pa	art I 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 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							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X					
3	Indicate which, if any, of the following the 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							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X				
	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.							
5								
	contingent on the revenues of:			77				
	The organization?	5a		X				
b	Any related organization?	5b		_X_				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	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:	_		37				
	The organization?	6a		X				
b	Any related organization?	6b		X				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>				
8	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	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		i				

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

Schedule J (Form 990) 2021

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.

	(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID MINSTER	(i)	219,254.	0.	3,627.	3,462.	22,860.	249,203.	0.
CEO/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DIANE MIDDLETON	(i)	182,219.	0.	552.	11,396.	24,267.	218,434.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT INDERBITZEN	(i)	122,888.	0.	552.	7,719.	22,346.	153,505.	0.
PRODUCT DEVELOPMENT MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN SIVERLING	(i)	132,242.	0.	1,584.	5,401.	11,485.	150,712.	0.
TECHNICAL RELATIONS SPECIALIST	(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)							

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.

➤ Attach to Form 990.

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

Name of the organization THE AMERICAN RADIO RELAY LEAGUE, INC. Employer identification number 06 - 6000004

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete			
		applicable		Form 990, Part VIII, line 1g	noncash contribution	on amounts		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	I						
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		4	49,636.	FMV			
10	Securities - Closely held stock			·				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (
26	Other • (
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the orga	-	•					
	for which the organization completed Form	8283, Part V, D	onee Acknowledg	ement 29		T., T		
				=		Yes	No	
30a	During the year, did the organization receive							
	must hold for at least three years from the d		,	•		20-	X	
	exempt purposes for the entire holding period					30a	_	
	b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
o∠d			_		,	32a	Х	
h	If "Yes," describe in Part II.				·····)La		
33	If the organization didn't report an amount in	n column (c) for	a type of property	for which column (a) is chec	ked			
55	describe in Part II.	i coluitili (c) loi	a type of property	To willon column (a) is chec	nou,			
	GOOGINO III I GIL II.							

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

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, NEWS LETTERS AND PAMPHLETS NECESSARY OR INCIDENTAL TO
ANY OF THE ABOVE PURPOSES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PROVIDE TECHNICAL INFORMATION FOR THE ORGANIZATION'S REGULATORY
EFFORTS, PRODUCT REVIEW TESTING AND PROVIDE TECHNOLOGICAL SUPPORT TO
MEMBERS.
EXPENSES \$ 389,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
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.

<u>Schedule O (Form 990) 2021</u> Page **2**

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,

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 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;

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

(III) HAS AGREED TO COMPLY WITH THE POLICY; AND

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

(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.

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 Schedule O (Form 990) 2021 Page **2**

Name of the organization THE AMERICAN RADIO RELAY LEAGUE, INC.	Employer identification number 06-600004
PERFORMANCE OF THE OFFICER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S BY LAWS, ARTICLES OF ASSOCIATION, FINAL	NCIAL STATEMENTS
AND IRS FORM 990 ARE ALL POSTED ON THE ARRL WEB SITE. THE	CONFLICT OF
INTEREST POLICY IS INCLUDED IN THE BY LAWS.	
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVER	RSIGHT 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.

THE AMERICAN RADIO RELAY LEAGUE, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-6000004

(a)	(b)	(c)	(d)	(e)			(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		I		Direct controlling entity		g		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exer	npt			
	(b)	(c)	(d)	(e)	ic charity Direct		Public charity Direct		1	a)
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section			ct controlling entity		rolled		
		1	Exempt Code section	Public charity status (if section 501(c)(3))		et controlling entity	contr	rolled tity?		
Name, address, and EIN of related organization THE ARRL FOUNDATION, INC 23-7325472 225 MAIN STREET	Primary activity TO OPERATE FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC	Legal domicile (state or	section	status (if section 501(c)(3))	AMERICA	entity AN RADIO	Yes	rolled		
Name, address, and EIN of related organization THE ARRL FOUNDATION, INC 23-7325472	Primary activity TO OPERATE FOR CHARITABLE,	Legal domicile (state or foreign country)		status (if section		entity AN RADIO	contr	rolled tity?		

	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 o	r more related
	organizations treated as a partnership during the tax year.					

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

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	ear ownership		tion b)(13) rolled tity?
		Couritry)						Yes	No
-									

Page 3

X

Yes No

1a

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			
С					1c	Х			
d	d Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	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)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	c Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n 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			
р	Reimbursement paid to related organization(s) for expenses				1 p		_X_		
q	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		X		
	S 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 of	complete th	is line, including covered re	elationships and transaction thresholds.					
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
		ic (a-3)							
1)									
۵,									
2)									
٥١									
3)									
۸۱									
")									
5)									
<u>~,</u>									
6)									
	63 11-17-21			Schedule F		n 990	2021		
0				Combadio I	,	,			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

132165 11-17-21

EXTENDED TO NOVEMBER 15, 2022 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if Name of organization (Check box if name changed and see instructions.) address changed. **B** Exempt under section Print THE AMERICAN RADIO RELAY LEAGUE, 06-6000004 Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 225 MAIN STREET 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code NEWINGTON, CT]529(a) [06111-1494 529A Check box if 43,746,662. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ DIANE MIDDLETON Telephone number ► 860-594-0200 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 2 Reserved 2 3 3 Add lines 1 and 2 0. Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 10 1,000 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 Proxy tax. See instructions 3 3 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6

Form **990-T** (2021)

LHA

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Part	III T	Tax and Payments								
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)		1a					
b	Other	credits (see instructions)			1b					
С	Gener	ral business credit. Attach Form 3800 (se			1c					
d		t for prior year minimum tax (attach Form								
е	Total	credits. Add lines 1a through 1d					1e			
2	Subtra		······				2			0.
3	Other	amounts due. Check if from: Form	4255 Form 8611	Form 86	97	Form 8866				
		Other	(attach statement)				. з			
4	Total	tax. Add lines 2 and 3 (see instructions).								
	sectio	on 1294. Enter tax amount here			•		4			0.
5		nt net 965 tax liability paid from Form 96			e 4		. 5			0.
6a	Paym	ents: A 2020 overpayment credited to 20	21		6a	5,000				
b		estimated tax payments. Check if section			6b					
С					6c					
d	Foreig	gn organizations: Tax paid or withheld at	source (see instructions)		6d					
е	Backu	up withholding (see instructions)			6e					
f	Credit	t for small employer health insurance pre	miums (attach Form 8941)		6f					
g	Other	credits, adjustments, and payments:	Form 2439							
		Form 4136	Other T	otal 🕨	6g					
7	Total	payments. Add lines 6a through 6g				<u></u>	_ 7		5,00	00.
8	Estima	ated tax penalty (see instructions). Check	c if Form 2220 is attached			▶ □	_ <u> </u> 8			
9	Tax d	ue. If line 7 is smaller than the total of lin	es 4, 5, and 8, enter amount ow	ed			▶ 9			
10		payment. If line 7 is larger than the total of					► <u>10</u>		5,00	
11		the amount of line 10 you want: Credite					▶ 11			0.
Part	IV S	Statements Regarding Certain	Activities and Other Info	rmatio	1 (see instr	uctions)				
1		y time during the 2021 calendar year, did	· ·		•		•		Yes	No
		a financial account (bank, securities, or ot								
	FinCE	N Form 114, Report of Foreign Bank and	l Financial Accounts. If "Yes," er	nter the n	ame of the f	oreign countr	у			
	here	·								<u>X</u>
2		g the tax year, did the organization receiv		-						
	foreig	n trust?								<u>X</u>
		s," see instructions for other forms the or								
3		the amount of tax-exempt interest receiv								
4		available pre-2018 NOL carryovers here	·				•			
		n on Schedule A (Form 990-T). Don't redu	•			-	art I, lin	e 4.		
5		2017 NOL carryovers. Enter available Bus	•		-					
	the ar	mounts shown below by any NOL claimed		2 17 for th					-	
		Business Activi	ty Code		Available p	ost-2017 NO	_ carry	ver	-	
				\$					-	
				\$						37
6a		ne organization change its method of acc	. , , , , , , , , , , , , , , , , , , ,							<u> </u>
b		s "Yes," has the organization described t	he change on Form 990, 990-E2	., 990-PF,	or Form 112	28? If "No,"				
Part		in in Part V Supplemental Information								
		planation required by Part IV, line 6b. Als	an provide only other additional	informati	an Caa inate	tions				
rovide	trie ex	Replanation required by Part IV, line 6b. Als	so, provide any other additional	mormati	on. See mstr	uctions.				
		nder penalties of perjury, I declare that I have examined					wledge an	d belief, it is tru	e,	
Sign	со	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of whi	ich preparer	has any knowled	lge.				
Here			CFC)			-	IRS discuss this arer shown belo		rith
		Signature of officer	Date Title					ons)? X Y		No
	I	Print/Type preparer's name	Preparer's signature	Dat	e	Check		TIN	-	
Paid			1	"		self- employ		• =		
Paid Prepa	ror	PAUL BALLASY	PAUL BALLASY	10	/03/22			P00852	868	
Prepa Use C	II CI	Firm's name ► COHNREZNICK		1	<u></u>	Firm's EIN		22-147		9
use C	, iiiy		STREET, 12TH FL	OOR						
		Firm's address HARTFORD CT 06103								

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A N	ame of the organization THE AMERICAN RADIO RELAY LEAGUE,		B Employer identification number $06-6000004$			
c ι	Inrelated business activity code (see instructions) > 54180	0		D Seque	ence: 1	of 1
<u> </u>	Inrelated business activity code (see instructions) > 54180	<u> </u>		D Seque	ence. <u> </u>	01
ΕГ	escribe the unrelated trade or business ADVERTISING	INCC	ME			
				(D) F		(O) Not
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expe	nses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
40	organizations (Part VII)	9				
10 11	Exploited exempt activity income (Part VIII)	11	1,558,74	1 710	,815.	847,926.
11 12	Advertising income (Part IX) Other income (see instructions; attach statement)	12	1,330,73	710	,013.	047,520.
13	Total. Combine lines 3 through 12	13	1,558,74	1. 710	,815.	847,926.
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r iimitations on	deductions. De	eauctions i	must be
	<u> </u>					
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	
<i>'</i>	Depreciation (attach Form 4562). See instructions				01-	
8 9	Less depreciation claimed in Part III and elsewhere on return				8b 9	
9 10	Depletion Contributions to deferred compensation plans					
11						
12	Employee benefit programs Excess exempt expenses (Part VIII)				—	
13	Excess readership costs (Part IX)					881,368.
14	Other deductions (attach statement)		SEE S'	TATEMENT 1	14	-33,442.
 15	Total deductions. Add lines 1 through 14				1 1	847,926.
16	Unrelated business income before net operating loss deduction. So					
	column (C)				16	0.
17	Deduction for net operating loss. See instructions					0.
18	Unrelated business taxable income. Subtract line 17 from line 16					
ΙНΔ	For Panerwork Reduction Act Notice see instructions			<u></u>	Schedule	A (Form 990-T) 2021

⊃ac	ie	1

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on •		Page Z
1	Little mot	nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part Part					
1	Description of property (property street address, city, s		-		
•	A	, Lin 6646). 611661(1	ra adar doo. ooo moar		
	В 🗆				_
	c				_
	D				_
		Α Ι	В	С	
2	Rent received or accrued		_	-	
а	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	,		•	•	
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	and on Part I. line 6. co	olumn (A)	0.
	Deductions directly connected with the income		, ,		
4	in lines 2(a) and 2(b) (attach statement)				
	, , , , , , , , , , , , , , , , , , , ,			<u>.</u>	
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Parl	I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	10			0.

Page :

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age c	
			_			E	xempt Contro	lled Org	ganization	s .		
	Name of controlled organization		2. Employer identification number			l	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	connected with	
(1)												
(2)												
(3)												
(4)												
	. Tavabla lassass				Controlled Or		1	-£ l	0	44.1	Dankarationa dinantha	
/	i				otal of specified ayments made		that is included in the controlling organization gross income		n the ation's	(Deductions directly connected with ome in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. here and on Part I, ne 8, column (B)	
Totals						•			0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)			
	1. Description of income				income directly		3. Deduction directly connected (attach states	ly connected (attach stat			5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					A -1 -1						Add assessed in	
					Add amou column 2.						Add amounts in column 5. Enter	
					here and or	n Part I,					here and on Part I,	
					line 9, colu						line 9, column (B)	
Totals Part	VIII Exploited E	vomnt A	Activity Income,	Other 1	Than Adve	0.	l lnoomo	·			0.	
1	Description of exploite		Cuvity income,	, Julei I	IIIaII Auve	ะเ นอกปุ	y micomie (see ins	tructions)			
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and or	n Dart I	line 10. colum	n (A)		2		
3	Expenses directly con					,	•	. , .		-		
3										3		
line 10, column (B) 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete												
=	ines 5 through 7								4			
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2021

	lule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting STMT 2	ng two or more periodicals on a	consolidated basis.		
	A STMT 2				
	c				
	D				
Enter	amounts for each periodical listed above in the	corresponding column			
Lintoi	amounte for each periodical notes above in the	A	В	С	D
2	Gross advertising income		_		_
	Add columns A through D. Enter here and on		•	•	1558741.
а	Ç	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on			>	710,815.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gi		tal or zero here and	on.	
u	Part II, line 13			_	881,368.
Part			see instructions)		•
		,	, I	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
<u>(4)</u>				%	
					•
)	0.
Part	XI Supplemental Information (se	ee instructions)			
-					

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1	
DESCRIPTION		AMOUNT	
LOSSES DISALLOWED U	JNDER LIMITATIONS IMPOSED BY REVENUE	-33,442.	
TOTAL TO SCHEDULE A	A, PART II, LINE 14	-33,442.	

FORM 990-T (A)	PART IX -	INCOME FRO	M PERIODIC	STATEMENT 2		
CONS NAME BASIS OF PERIODICA	GROSS ADV L INCOME	DIRECT ADV COST	GAIN (LOSS)	CIRC INCOME	RDRSHIP COSTS	EXCESS RDRSHIP COSTS ALLOWED
QST	1420174.	637,250.	782,924.	1440148.	2786471.	782,924.
REPEATER						
DIRECTORY	5,800.	11,017.	-5,217.			
QEX	6,000.	11,336.	-5,336.			
HANDBOOK	8,534.	17,097.	-8,563.			
NCJ	12,588.	4,708.	7,880.	38,083.	79,172.	7,880.
HRLM, NEW	,	•	,	,	,	,
HAM AD						
JOURNAL	90,564.	0.	90,564.	508,638.	800,209.	90,564.
OTA	15,081.		-14,326.	300,030.	000,203.	30,304.
OIA	13,001.	27,407.	14,520•			
TO FM SCHA, PART IX	1558741.	710,815.	847,926.	1986869.	3665852.	881,368.