EXTENDED TO NOVEMBER 16, 2020

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

Open to Public

OMB No. 1545-0047

Inspection

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

(Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

A	For the	2019 calendar year, or tax year beginning and ending		•		
В	Check if	C Name of organization	D Employer identific	cation number		
	applicable					
	Addres change	AMATEUR RADIO DIGITAL COMMUNICATIONS				
	Name change	Doing business as	45-37519	71		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone numbe	r		
	Final return/	5663 BALBOA AVE 432	619-693-	2246		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	109,834,266.		
	Amend return	ed SAN DIEGO, CA 92111	H(a) Is this a group re	eturn		
	Applica tion	F Name and address of principal officer: DIADE GARDEE		? Yes X No		
	pendin	9 5663 BALBOA AVE, SUITE 432, SAN DIEGO, CA	9 H(b) Are all subordinates in			
T	Tax-exe	mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)		
J	Websit	e: HTTPS://WWW.AMPR.ORG/	H(c) Group exemptio	n number		
K	Form of	organization: X Corporation		A State of legal domicile: CA		
_	art I	Summary				
0	1 1	Briefly describe the organization's mission or most significant activities: TO SUPPO	RT, PROMOTE,	AND ENHANCE		
Governance	2	AMATEUR RADIO DIGITAL COMMUNICATIONS AND BRO	ADER COMMUNIC	ATION		
rna	2	Check this box $lackbrack{lackbrack}{lackbrack}$ if the organization discontinued its operations or disposed of m	nore than 25% of its net as	ssets.		
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		4		
ত অ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	 1	4		
		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		0		
Viţ.	6	Total number of volunteers (estimate if necessary)		5		
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
4	ы	Net unrelated business taxable income from Form 990-T, line 39		0.		
			Prior Year	Current Year		
Ф	8 (Contributions and grants (Part VIII, line 1h)	150.	921.		
nue	9 1	Program service revenue (Part VIII, line 2g)	0.	0.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	109,288,085.		
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150.	109,289,006.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	120,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
ξĎ	. b	Total fundraising expenses (Part IX, column (D), line 25)				
Û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,214.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,214.	150,602.		
	19	Revenue less expenses. Subtract line 18 from line 12	-10,064.	109,138,404.		
Net Assets or	200		Beginning of Current Year	End of Year		
sets	20 -	Total assets (Part X, line 16)	13,829.	109,130,548.		
t As	21	Total liabilities (Part X, line 26)	21,685.	0.		
2	<u> 22 ∣</u>	Net assets or fund balances. Subtract line 21 from line 20	-7,856.	109,130,548.		
_	art II					
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is		
tru	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
		Observation of all and	Dete			
Sig	gn	Signature of officer	Date			
He	re	BDALE GARBEE, TREASURER				
		Type or print name and title	I Data	I DTIN		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pa	+		A09/08/20 if self-employs	P00537319		
		Firm's name AAFCPAS, INC.	Firm's EIN ▶	04-2571780		
Use Only Firm's address 50 WASHINGTON STREET						
_		WESTBOROUGH, MA 01581	Phone no. 50	8-366-9100		
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

Pa	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission:	NC
	TO SUPPORT, PROMOTE, AND ENHANCE AMATEUR RADIO DIGITAL COMMUNICATION	
	AND BROADER COMMUNICATION SCIENCE AND TECHNOLOGY. THIS CORPORATION	
	SERVES AND PROMOTES AMATEUR RADIO, SCIENTIFIC RESEARCH,	TON
	EXPERIMENTATION, EDUCATION, OPEN ACCESS, AND INNOVATION IN INFORMAT	TON
2	Did the organization undertake any significant program services during the year which were not listed on the	v
		X No
	If "Yes," describe these new services on Schedule O.	v
3	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 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
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 131,179 • including grants of \$ 120,000 •) (Revenue \$	
4a	(Code:) (Expenses \$ 131,179. including grants of \$ 120,000.) (Revenue \$ SUPPORTING, PROMOTING, AND ENHANCING AMATEUR RADIO DIGITAL)
	COMMUNICATIONS AND BROADER COMMUNICATION SCIENCE AND TECHNOLOGY.	
	COMMUNICATIONS AND BROADER COMMUNICATION SCIENCE AND TECHNOLOGI.	
4b	(Code: _\(\Gamma\) (Fusesses 0 _\(\Gamma\)	
40	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 131,179.	
	Form 9	90 (2019)

Form 990 (2019) AMATEUR RADI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	11.5		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democro government on traiting column (ry, into the interference complete combattor), traite traite in			

Form 990 (2019) AMATEUR RADIO DIGI Part IV Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	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							
	Schedule L, Part I	25b		х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>						
	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	27		х				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
a	"Yes," complete Schedule L, Part IV	28a		х				
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200						
·	"Yes," complete Schedule L, Part IV	28c		х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29						
30	contributions? If "Yes," complete Schedule M	30		х				
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
31		31						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20	х					
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	21					
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х				
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		-25				
34		34		х				
25.0		35a		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		- ^ `				
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330						
30	If "Yes," complete Schedule R, Part V, line 2	36		х				
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30						
37		37		х				
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		- 22				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х					
Pai	Note: All Form 990 filers are required to complete Schedule O	ან	22					
	Check if Schedule O contains a response or note to any line in this Part V							
	Shook if Concodic Coortains a response of flote to any line in this fact v		Yes	No				
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
U	(gambling) winnings to prize winners?	1c						
	(gentoming) with mings to prize with lets:	_ 10	000	<u> </u>				

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
b	b If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the second se	ne 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 contribut	ions 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 ser		7a		X			
	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 a second		7c		х			
	to file Form 8282?							
	d If "Yes," indicate the number of Forms 8282 filed during the year							
e	7, 7, 1, 7, 1, 1, 1,							
f								
g	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
Ū	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9								
а	Didd		9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا						
_	organization is licensed to issue qualified health plans	13b						
	c Enter the amount of reserves on hand 13c							
	4a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the properties subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b					
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?		15		X			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.		.0					

Form 990 (2019) 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 it Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4								
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?								
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74							
b		7b		Х					
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		- 21					
8		0-	Х						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37					
<u> </u>	organization's mailing address? If "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.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►CA								
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	ls only) avail	ahle					
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 51119	, avail	4010					
	X Own website Another's website X Upon request Other (explain on Schedule O)								
10		d fine:	noicl						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iiiial	ıcıdı						
00	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	BDALE GARBEE, TREASURER - 619-693-2246								
	5663 BALBOA AVE SUITE 432, SAN DIEGO, CA 92111								

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 VI	

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

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

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	or cor	npei	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ore than one on is both an ctor/trustee)		compensation	compensation	amount of
	week	\vdash	CCI aii		III ecit	Ji i us	100)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	Institutional trustee		yee	mper		(** =/ *********************************		and related
	below	idual	ution	 	Key employee	est co oyee	le.			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) BRIAN KANTOR	20.00									
FORMER PRESIDENT, CEO		Х		Х				0.	0.	0.
(2) KIMBERLY CLAFFY	5.00									
DIRECTOR		Х						0.	0.	0.
(3) A D BARKSDALE GARBEE II	5.00								_	
TREASURER		Х		Х				0.	0.	0.
(4) PHIL KARN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) JOHN GILMORE	5.00	l		l						
SECRETARY		Х		Х				0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		1								
		1								
		1								
				\vdash			\vdash			
		1								
		\vdash	\vdash	\vdash		\vdash	\vdash			
		1								
-										_
		1								
	1							1	1	

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trus		pioy	ees			gne	st C	 	`			/ [`	
(A)	(B) Average	(C) Position			(D)	(E)			(F)	4			
Name and title	hours per		(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	,		imate ount c				
	week	officer and a						from	from related			ther	
	(list any	ector						the	organizations		comp	ensat	ion
	hours for	or din	يو			ated		organization	(W-2/1099-MIS	C)		m the	
	related organizations	ustee	truste		gy.	suadı		(W-2/1099-MISC)			•	nizatio relate	
	below	lual tr	tional	١. ا	ploye	st con yee	_					neiatio	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				o. ga.		
					_								
1b Subtotal							>	0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable	е			^
compensation from the organization											Ι,	v T	0
O D'111												Yes	No
3 Did the organization list any former officer,			•		•		_	•	•				Х
line 1a? If "Yes," complete Schedule J for si										····	3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					•	ine organization		4		Х
5 Did any person listed on line 1a receive or a			•						dual for services	····			
rendered to the organization? If "Yes," com					-						5		Х
Section B. Independent Contractors					,								
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of com	pensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithi	n the organization's tax	/ear.				
(A)								(B)			(C)		
Name and business								Description of s	ervices	Со	mpen	satior	1
NATIONWIDE COMPUTER SYSTE	-										- 4 -		
803 SHOTGUN ROAD, SUNRISE	E, FL 33	332	26				_	BROKERAGE			545	, 26	0.
							4						
							\dashv						
							\dashv		+				

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

\$100,000 of compensation from the organization

Form 990 (2019) AMATEUR
Part VIII Statement of Revenue

		Check if Schedule O	contai	ins a res	ponse	or note to any lin	ne in this Part VIII			
						•	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
							Total revenue		business revenue	from tax under
<u> </u>										sections 512 - 514
ants		Federated campaigns		1a						
9		Membership dues			+					
Łţ,		Fundraising events								
ia gi		Related organizations								
ns,		Government grants (contr								
e jë	f	All other contributions, gifts,								
듗된		similar amounts not included				921.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in								
<u>ā Č</u>	h	Total. Add lines 1a-1f					921.			
						Business Code				
Program Service Revenue	2 a									
	b									
	С									
Jrar Rev	d									
jo L	е									
۵	f	All other program service								
\rightarrow	g	Total. Add lines 2a-2f								
	3	Investment income (include								
		other similar amounts)					781,441.			781,441.
	4	Income from investment of		•						
	5	Royalties								
			l L	(i) Re	eal	(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss) <u></u>							
	7 a	Gross amount from sales of	lL	(i) Secu	rities	(ii) Other				
		assets other than inventory	7a			109,051,904.				
	b	Less: cost or other basis								
nc		and sales expenses	7b			545,260.				
Other Revenue	С	Gain or (loss)	7с			108,506,644.				
Ä.	d	Net gain or (loss)			<u></u>		108,506,644.			108,506,644.
he	8 a	Gross income from fundraisi								
٥		including \$		of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			. 8a					
	b	Less: direct expenses			. 8b					
	С	Net income or (loss) from	fundr	aising ev	ents					
	9 a	Gross income from gamin								
		Part IV, line 19			. 9a					
	b	Less: direct expenses			. 9b					
	С	Net income or (loss) from	gamir	ng activit	ies <u></u>					
	10 a	Gross sales of inventory,	less re	eturns						
		and allowances			. 10a	1				
	b	Less: cost of goods sold			. 10b					
	С	Net income or (loss) from	sales	of inven	tory					
S						Business Code				
Miscellaneous Revenue	11 a									
and	b									
is el	С	·								
iš ⊑	d	All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ons			•	109,289,006.	0.	0.	109,288,085.

Section 501(c)(3) and 501	(c)(4) organizations must co.	mplete all columns. All other	organizations must con	polete column (A)

	Check if Schedule O contains a respon	se 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	120,000.	120,000.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	8,508.		8,508.	
b	Legal	10,915.		10,915.	
C	Accounting	10,913.		10,913.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,204.	1,204.		
14	Information technology	•			
15	Royalties				
16	Occupancy				
17	Travel	5,100.	5,100.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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.)				
а	OTHER EXPENSES	4,875.	4,875.		
b					
С					
d					
е 0-г	All other expenses	150,602.	131,179.	19,423.	0.
25	Total functional expenses. Add lines 1 through 24e	130,004.	±3±,±/9•	17,443.	U •
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 127,478. 13,829. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 109,003,070. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 109,130,548. 13,829. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,685. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 15,000. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 21,685. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 🕨 🗆

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

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109,130,548.

109,130,548.

109,130,548.

-7,856.

-7,856.

13,829.

27

29

30

31

32

27

29

30 31

32

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	109,28 15 109,13	0,6	02.
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,8	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	109,13	10 S	48
Pai	column (B)) rt XII Financial Statements and Reporting	10	100,10	, 0 , 5	10.
	Check if Schedule O contains a response or note to any line in this Part XII				X
	Officer if Schedule O contains a response of flote to any line in this hart All			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization AMATEUR RADIO DIGITAL COMMUNICATIONS 45-3751971 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	657.	620.	765.	645.	921.	3,608.
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	657.	620.	765.	645.	921.	3,608.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3,608.
	ction B. Total Support	1				 	
	ndar year (or fiscal year beginning in)		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 4	657.	620.	765.	645.	921.	3,608.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					701 441	701 //1
_	and income from similar sources					781,441.	781,441.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						785,049.
11	Total support. Add lines 7 through 10	-t- (itti				40	88.
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		•		•	. , . ,	▶□
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				P
	Public support percentage for 2019 (<u> </u>	olumn (fl)		14	.46 %
15	Public support percentage from 2018					15	19.06 %
	33 1/3% support test - 2019. If the						
100	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2018. If the						
~	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-cire		•				
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	, , , , , , , , , , , , , , , , , , ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u></u>			1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	<u></u>			1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
<u></u>							<u></u>
	ction C. Computation of Publ			. (0)		Liel	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			no 12 octumn (4)		17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2						%
198	a 33 1/3% support tests - 2019. If the						I / IS NOT
	more than 33 1/3%, check this box a						P
r	33 1/3% support tests - 2018. If the	•			•		
20	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		,
	6		
	_		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	50		
	10a		
	10b		
m a	90 or 99	00-F7	2019
9			,

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2019

Par	^{∕t V} │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SECTION C, LINE 17B, FACTS AND CIRCUMSTANCES TEST: DURING 2018, AMATEUR RADIO DIGITAL COMMUNICATIONS ("ARDC") RECEIVED A SUBSTANTIAL PART OF ITS SUPPORT FROM THE GENERAL PUBLIC. HOWEVER, AS ARDC DOES NOT RECEIVE A LARGE AMOUNT OF PUBLIC SUPPORT, TWO DONORS' CONTRIBUTIONS OF OVER \$7,000 CREATED EXCESS CONTRIBUTIONS AND CAUSED ARDC TO NOT MEET ITS PUBLIC SUPPORT OBLIGATIONS WITHOUT THE 10% FACTS AND CIRCUMSTANCES TEST. DURING 2018, ARDC DID NOT RECEIVE ANY OF ITS INCOME FROM GROSS INVESTMENT INCOME AND IS ENTIRELY SUPPORTED BY CONTRIBUTIONS FROM THE GENERAL PUBLIC, WHICH IT SOLICITS THROUGH ITS WEBSITE. FURTHER, THE MEMBERS OF ARDC'S BOARD OF DIRECTORS REPRESENTS THE BROAD PUBLIC INTERESTS SERVED BY THE MISSION OF THE ORGANIZATION. IT IS FOR THESE REASONS THAT ARDC MEETS ITS PUBLIC SUPPORT OBLIGATION UNDER THE 10% FACTS AND CIRCUMSTANCES TEST, AS A SMALL EXCESS CONTRIBUTION SHOULD NOT DISQUALIFY THE ORGANIZATION FROM REMAINING A 501(C)(3) PUBLIC CHARITY.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Part VI

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 Open to Public Inspection

Name of the organization

AMATEUR RADIO DIGITAL COMMUNICATIONS

Employer identification number 45-3751971

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linaridial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximpliani, caacation, or recoaler in rai	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Otl	ner Si	milar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	e following that make	signifi	cant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further	the organization's ex	cempt p	ourpose in Parl	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or other simi	lar asse	ets			_
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's o	collection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizati	on answered "Yes"	on Form	n 990, Part IV,	ine 9, oı		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ons or other assets n	ot inclu	ded	,		,
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		_				
							Amoun	t	
С	Beginning balance				<u>L</u>	1c			
d	Additions during the year				L	1d			
е	Distributions during the year				L	1e			
f	Ending balance				∟	1f	1		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial account lia	bility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if		swered "Yes" on F	 					
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Tr	ree years back	(e) Four	years	back
1a									
b	Contributions	109,003,070.							
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	100 000 000			+				
g	End of year balance	109,003,070.							
2	Provide the estimated percentage of the curr			(a)) held as:					
a	Board designated or quasi-endowment	100.00	_%						
	b Permanent endowment \(\bigcup_{\text{\tinite\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tex{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tikitet{\text{\tinit\tinit{\ti}\\\ \tinithtt{\text{\text{\text{\text{\text{\texi}\tint{\text{\texitil\tinitt{\text{\text{\texiti}\texitil\tint{\texitil{\tiint{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti								
С	Term endowment \(\sum_{\text{in}} \text{\tin}\text{\texi}\text{\texit{\text{\texi}\text{\texit{\text{\texict{\texi}\tint{\texicl{\texi{\texi{\texictex{\texit{\texi{\texi{\texi}\texit{\t								
_	The percentages on lines 2a, 2b, and 2c should equal 100%.								
за	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administered for	tne or	ganization	1	V	<u> </u>
	by:						0-0	Yes	No X
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								
b				<i>′</i>			3b		
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment lunus.						
. u	Complete if the organization answered) Part IV line 11a	See Form 990 Part	Y line 1	10			
	Description of property	(a) Cost or o			Accum		(d) Boo	k value	
	Description of property	basis (investn		, ,	eprecia		(u) 500	n value	5
19	Land	<u> </u>	,	(,	.,				
	Buildings								
	Leasehold improvements			+					
	Other								
	I. Add lines 1a through 1e. (Column (d) must ed		X, column (B). line	10c.)					0.
	J :=:(::: (:) :::e::::		, , , , , , , , ,	/					

Schedule D (Form 990) 2019 1111111111111111111111111111111111	TO DIGITION COL	110111011111111111111111111111111111111	JIJIJI Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or en	d of voor morket volve
(4) Financial double-three	(b) Book value	(c) Method of Valuation. Cost of en	u-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A) GOVERNMENT MONEY MARKET			
(B) FUNDS	109,003,070.	END-OF-YEAR MARKET	VALUE
(C)	103/003/0701		V1111011
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	109,003,070.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV line 1	Id Con Form 000 Port V line 15	
Complete if the organization answered "Yes" (a)	Description	ird. See Form 990, Part A, line 13.	(b) Book value
(1)	2000		(a) Deen raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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...

X

Part XI	Recon	ciliation of Revenue per Audited Financial Statements With Revenue per Return.

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Retur	n.
	(Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		<u>1</u>	109,289,006.
2	Amount	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unr	realized gains (losses) on investments	2a		
b	Donate	d services and use of facilities	2b		
С	Recove	eries of prior year grants	2c		
d	Other ([Describe in Part XIII.)	2d		_
е	Add line	es 2a through 2d			0.
3	Subtrac	ct line 2e from line 1		3	109,289,006.
4	Amount	ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other ([Describe in Part XIII.)	4b		
С	Add line	es 4a and 4b		4c	0.
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			109,289,006.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Retu	ırn.
	(Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total ex	xpenses and losses per audited financial statements		<u>1</u>	150,602.
2	Amount	ts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	d services and use of facilities	2a		
b	Prior ye	ear adjustments	2b		
С	Other Id	osses	2c		
d	Other ([Describe in Part XIII.)	2d		
е	Add line	es 2a through 2d		2e	0.
3	Subtrac	ct line 2e from line 1		3	150,602.
4		ts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investm				
		nent expenses not included on Form 990, Part VIII, line 7b	4a		
b		nent expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.)			
	Other ([4b	4c	0. 150,602.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO BE USED IN TWO FORMS; 1) A CASH POOL, WHICH IS TO MAINTAIN A VALUE OF LIQUIDITY SO THE FUNDS MAY BE DISBURSED IN THE NEAR TERM AND 2) A LONG-TERM POOL, WHICH IS TO PROVIDE FOR A DISCIPLINED LONGER-TERM AND HIGHER RISK AND RETURN INVESTMENT PROGRAM THAT IS CONSISTENT WITH THE NEEDS OF LONGER HORIZON NON-PROFIT FUNDS.

PART X, LINE 2:

ARDC ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A

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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization Employer identification number AMATEUR RADIO DIGITAL COMMUNICATIONS 45-3751971 Part I **General Information on Grants and Assistance** 1 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 Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) TUCSON AREA PACKET RADIO TO PROVIDE SCHOLARSHIPS 1 GLEN AVENUE FOR STUDENTS TO ATTEND THEIR ANNUAL CONFERENCE WOLCOTT, CT 06716 86-0455870 501(C)(3) 0.FMV 10,000 THE ARISS PROJECT TO BUTLD A HAM RADTO FOR THE AMATEUR RADIO SATELLITE CORPORATION OF NORTH AMERICA - PO INTERNATIONAL SPACE BOX 27 - WASHINGTON, DC 20044 STATION 52-0888529 501(C)(3) 110,000 0.FMV 2 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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(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 red	quired in Part I, lin	ie 2; Part III, column	n (b); and any other a	dditional information.					
PART I, LINE 2:									
FOR 2019, ARDC GIVES ONLY TO 501(C)3 ORGAN	IZATIONS,	AND ARDC R	EQUIRES THE					
RECIPIENTS TO PROVIDE ARDC WITH A	REPORT A	T THE END	OF THE PRO	JECT,					
DETAILING THE ACCOMPLISHMENTS AND EXPENDITURES.									

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMATEUR RADIO DIGITAL COMMUNICATIONS

Employer identification number 45-3751971

	111111111111111111111111111111111111111	THE DIG		111 1 0110			,,,,,,		
Part	Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.								
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity		
		1	1				Yes No		
	Did or will any officer, director, trustee, or						2a		
a b	Become a director or trustee of a success Become an employee of, or independent	contractor for, a suc	cessor or transferee orga	anization?			2b		
	Become a direct or indirect owner of a such								
	Receive, or become entitled to, compensation								
	e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.								

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

Schedule N (Form 990 or 990-EZ) 2019

Par	t I Liquidation, Termination, or Dissol	ution (continued)								
Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0							Yes	s N	No	
3	Did the organization distribute its assets in	n accordance with it	s governing instrument(s)? If "No," describe in Par	t III		3	3		
4a	Is the organization required to notify the a	ttorney general or ot	her appropriate state off	ficial of its intent to dissolv	e, liquidate, or termin	nate?	4	а		
	If "Yes," did the organization provide such							b		
5	Did the organization discharge or pay all of	of its liabilities in acco	ordance with state laws?				5	5		
	Did the organization have any tax-exempt							а		
b	If "Yes" to line 6a, did the organization dis	scharge or defease a	Il of its tax-exempt bond	liabilities during the tax yr	in accordance with	the Internal Revenue Code and state lav	vs? 6	b		
	If "Yes" on line 6b, describe in Part III how							•		
Par	t II Sale, Exchange, Disposition, or Oth	er Transfer of More	Than 25% of the Organ	nization's Assets.Comple	ete this part if the org	janization answered "Yes" on Form 990,	Part IV,	line 32	2, or	
	Form 990-EZ, line 36. Part II can be do	uplicated if additiona	l space is needed.							
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	re	IRC section (s) exempt) or of entity) (if r type	
						AMAZON TECHNOLOGIES, INC.				
				FAIR VALUE OF		410 TERRY AVENUE NORTH				
SALE	OF 4,194,304 IPV4 ADDRESSES	07/19/19	109,051,904.	ADDRESSES	91-1646860	SEATTLE, WA 98109	N/A			
								- I.v.	Τ.	
^	Did availl and office at the second	lana amanda (CC)						Yes	s N	No
2 Did or will any officer, director, trustee, or key employee of the organization:									١.	v
 a Become a director or trustee of a successor or transferee organization? b Become an employee of, or independent contractor for, a successor or transferee organization? 							2	_		$\frac{x}{x}$
								_		
c Become a direct or indirect owner of a successor or transferee organization?										X
	d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?									X
е	If the organization answered "Yes" to any	of the questions on	lines 2a through 2d, pro	vide the name of the perso	on involved and expl	ain in Part III. 🕨				

SCHEDULE 0 (Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMATEUR RADIO DIGITAL COMMUNICATIONS

Employer identification number 45-3751971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCIENCE AND TECHNOLOGY. THIS CORPORATION SERVES AND PROMOTES AMATEUR
RADIO, SCIENTIFIC RESEARCH, EXPERIMENTATION, EDUCATION, OPEN ACCESS,
AND INNOVATION IN INFORMATION AND COMMUNICATION TECHNOLOGY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND COMMUNICATION TECHNOLOGY.
FORM 990, PART VI, SECTION A, LINE 4:
THE BOARD OF DIRECTORS AMENDED ARDC'S BYLAWS DURING 2019.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD WAS GIVEN A DRAFT OF THE 990 TO REVIEW BEFORE SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
ARDC REQUIRES ANNUAL SIGNOFF OF THE CONFLICT OF INTEREST STATEMENT.
FORM 990, PART VI, SECTION C, LINE 19:
AMATEUR RADIO DIGITAL COMMUNICATIONS MAKES ALL ITS GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST.
FORM 990, PART X, LINE 15 EXPLANATION OF IP ADDRESSES HELD
EVERY ORGANIZATION, PERSON, OR DEVICE ATTACHED TO THE INTERNET MUST
HAVE AN INTERNET PROTOCOL ADDRESS IN ORDER TO FUNCTION AS PART OF THE
NETWORK. INITIALLY PLENTIFUL AND FREELY AVAILABLE AT NO CHARGE, IN THE

PAST DECADE THESE HAVE BECOME SCARCE AND THEIR AVAILABILITY SUBJECT TO

Name of the organization

AMATEUR RADIO DIGITAL COMMUNICATIONS

Employer identification number
45-3751971

MARKET FORCES.

IN THE 1980'S, WHEN THE INTERNET WAS IN ITS INFANCY, INTERESTED PARTIES

WERE GIVEN LARGE NUMBERS OF IP ADDRESSES AT NO COST BY THE INTERNET

ASSIGNED NUMBERS AUTHORITY [IANA], A US GOVERNMENT CONTRACTOR, WITHOUT

RESTRICTION. IT WAS ONLY NECESSARY TO EXPLAIN THAT ONE WANTED A BLOCK

OF ADDRESSES TO RESEARCH AND EXPERIMENT WITH THE NEW EVOLVING NETWORK

AND THEY WOULD BE MADE AVAILABLE. MOST OF THE PARTICIPANTS WERE

RESEARCH UNIVERSITIES AND GOVERNMENT CONTRACTORS, OR THE MILITARY, OR

SOME DEDICATED COMMUNICATIONS RESEARCH FIRMS.

RESEARCH AND EXPERIMENTATION HAVE LONG BEEN A DRIVING FORCE IN THE

FIELD OF AMATEUR ("HAM") RADIO. IN 1981, A SMALL GROUP OF CURIOUS

"HAMS" REQUESTED AND RECEIVED A BLOCK OF 16 MILLION SUCH ADDRESSES FOR

AMATEUR RADIO DIGITAL COMMUNICATION PURPOSES. THIS SEEMINGLY LARGE

QUANTITY WAS IN FACT A COMMON SIZE OF SUCH AN ALLOCATION, DUE IN PART

TO THE VAST NUMBER [SOME 4.2 BILLION] OF SUCH ADDRESSES AVAILABLE IN

THE INTERNET, LIMITATIONS IN THE INTERNET EQUIPMENT OF THE PERIOD, AND

HOW FEW ENTITIES WERE ACTUALLY EXPERIMENTING WITH THE INTERNET.

THE ALLOCATION TO THIS GROUP OF AMATEUR RADIO ENTHUSIASTS IS DOCUMENTED

IN THE INTERNET ENGINEERING PUBLICATION RFC790 FROM SEPTEMBER 1981,

WHERE IT IS DESIGNATED THE AMPRNET. AS THIS GROUP BECAME MORE COHESIVE,

IT BECAME KNOWN AS THE AMATEUR RADIO DIGITAL COMMUNICATIONS GROUP, FROM

WHICH OUR CURRENT-DAY ORGANIZATION EVOLVED. BECAUSE THE ALLOCATION

CAME AT NO COST AND THERE WAS NO DISCERNABLE MARKET FOR THE ADDRESSES

AT THE TIME THEY WERE RECEIVED, THE ADDRESSES WERE ASSIGNED NO VALUE ON

THE ORGANIZATION'S BALANCE SHEET.

FOR MORE THAN 30 YEARS, IT HAS BEEN THE MISSION OF THIS ORGANIZATION TO

SUPPORT AMATEUR RADIO RESEARCH AND EXPERIMENTATION WITH DIGITAL

NETWORKING BY PROVIDING ADVICE, COORDINATION, AND PERHAPS MOST

SIGNIFICANTLY, ASSIGNING IP ADDRESSES TO AMATEUR RADIO OPERATORS

ANYWHERE IN THE WORLD WHO WANTED TO WORK WITH DIGITAL COMMUNICATIONS.

THESE ASSIGNMENTS HAVE ALWAYS BEEN MADE AT NO CHARGE FROM OUT OF OUR

INITIAL ALLOCATION OF 16 MILLION, AND ARE ESSENTIALLY LONG-TERM

ZERO-COST LEASES OF THE ADDRESS BLOCKS.

AS THE SUPPLY OF INTERNET ADDRESSES IS FINITE (AT MOST 4.2 BILLION) AND
THE INTERNET HAS GROWN EXPLOSIVELY OVER THE PAST DECADE OR SO, THERE
HAS BEEN A TIGHTENING OF THE SUPPLY OF INTERNET ADDRESSES.
TODAY, IN 2019, THEY ARE IN FACT SCARCE. AS A RESULT, A MARKET IN

SELLING AND RESELLING ADDRESSES HAS EMERGED.

OUR ORGANIZATION, AMATEUR RADIO DIGITAL COMMUNICATIONS [ARDC] HAS

RECENTLY BECOME AWARE OF THE MARKET VALUE OF THE ADDRESSES IT HOLDS.

NOT LONG AGO, WE CONDUCTED A STUDY OF OUR UTILIZATION OF THOSE

ADDRESSES AND CAME TO THE REALIZATION THAT WE HAD MANY MORE THAN ARE

NEED TO SUPPORT ARDC USER COMMUNICATIONS.

THEREFORE, OUR BOARD OF DIRECTORS HAS UNANIMOUSLY AGREED TO DIVEST

ABOUT ONE QUARTER (25%, OR ABOUT 4 MILLION) OF THIS ASSET, AND HAS SOLD

IT ON THE OPEN MARKET AND WILL USE THE INCOME TO FUND OUR CONTINUING

MISSION OF SUPPORTING RESEARCH IN DIGITAL COMMUNICATIONS THROUGH

VARIOUS PROGRAMS OF GRANTS, SUPPORTED RESEARCH PROJECTS, AND

AMATEUR RADIO DIGITAL COMMUNICATIONS	45-3751971						
SCHOLARSHIPS. THE SALE OCCURRED IN 2019. THE REMAINING	75% (SOME 12						
MILLION ADDRESSES) WILL BE RETAINED AND CONTINUE TO BE US	ED DIRECTLY IN						
OUR MISSION AS THEY LONG HAVE BEEN.							
FORM 990, PART XII, LINE 1							
ARDC HAS CHANGED THE METHOD OF ACCOUNTING FROM CASH TO AC	CRUAL METHOD						
IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING STANDARD	S AND						
PRINCIPLES ESTABLISHED BY THE FINANCIAL ACCOUNTING STANDA	RDS BOARD.						
PART XII, LINE 2C							
THIS IS THE FIRST AUDIT COMPLETED FOR ARDC. THE INVESTMEN	T/FINANCE						
COMMITTEE HAS OVERSIGHT OF THE AUDIT.							

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.						
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts				
must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.						
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification n	umber (TIN)			
print				45 0554054					
File by the	AMATEUR RADIO DIGITAL COMMU	45-3751971							
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 5663 BALBOA AVE, NO. 432								
instructions.	City, town or post office, state, and ZIP code. For a for SAN DIEGO, CA 92111	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92111							
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1			
Applicati	ion	Return	Application		Return				
ls For		Code	Is For			Code 07			
	or Form 990-EZ	01	Form 990-T (corporation)	rm 990-T (corporation)					
Form 990		02	Form 1041-A	08					
	20 (individual)	03 04	Form 4720 (other than individual)						
Form 990-PF			Form 5227						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870						11 12			
Teleph	books are in the care of \blacktriangleright 5663 BALBOA AVI none No. \blacktriangleright 619-693-2246 organization does not have an office or place of business is for a Group Return, enter the organization's four digit \blacksquare . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶	f this is for	r the whole grou				
the ▶	the organization named above. The extension is for the organization's return for: X calendar year 2019 or tax year beginning , and ending								
	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$								
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.			
est	imated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.			
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by						
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.			
Caution: instructio	If you are going to make an electronic funds withdrawal ins.	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-E	O for payment			

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

Form 8868 (Rev. 1-2020)