WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314

SOCIETY FOR TECHNICAL COMMUNICATION, INC 3251 OLD LEE HWY, NO. 406 FAIRFAX, VA 22030

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Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

0040

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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)

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

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



A	For the	a 2019 calendar year, or tax year beginning and	a enaing		
B	Check if applicable	c Name of organization		D Employer identifie	cation number
	Addres		INC		
	Name change			31-44242	96
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final		406	(703) 55	2-2075
_	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,824,877.
	return	TAINFAA, VA 22050		H(a) Is this a group re	
	tion pendir	F Name and address of principal officer. But ZADE III I Officiand		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$) or 🛄 527		list. (see instructions)
				H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1936 N	State of legal domicile: NY
Pa	art I	Summary	COOTE		TONT
e	1	Briefly describe the organization's mission or most significant activities: THE COMMUNICATION (STC) IS AN INDIVIDUAL MEM	SOCIE:	D ODCANTZAD	
Activities & Governance					
verr		Check this box if the organization discontinued its operations or dispondent of the organization of the second se		1 1	sets. 9
ĝ					9
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		·····	8
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			300
ť		Total number of volunteers (estimate if necessary)			68,449.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			41,757.
	D	Net unrelated business taxable income from Form 990-T, line 39	 I	Prior Year	Current Year
		Contributions and grants (Bart) (III, line 1b)		4,212.	7,495.
anı		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,707,406.	1,723,703.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,967.	18,306.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,846.	4,901.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,738,431.	1,754,405.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		699,198.	600,267.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,190,838.	1,080,616.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,890,036.	1,680,883.
		Revenue less expenses. Subtract line 18 from line 12		-151,605.	73,522.
or				eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		687,067.	714,869.
Ass d Ba	21	Total liabilities (Part X, line 26)		1,047,215.	943,007.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		-360,148.	-228,138.

Part II | Signature Block

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

Sign Here	Signature of officer ELIZABETH POHLAND, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
		Check PTIN
	Filler Freparet Stratute	UNCON
Paid	GLENN MILLER, CPA / Jen 11/9/2	
Preparer	Firm's name 🕨 WEGNER CPAS, LLP	Firm's EIN ▶ 39-0974031
Use Only	Firm's address 🖕 419 N LEE ST	
	ALEXANDRIA, VA 22314	Phone no.608-274-4020
May the IF	AS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT C	ONTINUATION

Check (Schedule Contains a response or note to any line in this Part II	Par	990 (2019) SOCIETY FOR TECHNICAL COMMUNICATION, INC 31-4424296 Page
1 Brefly describe the organization's mission: THE SOCIETY FOR TECHNICAL COMMUNICATION ADVANCES TECHNICAL COMMUNICATION AS THE DISCIPLINE OF TRANSPORMING COMPLEX INFORMATION INTO USABLE COMPENT FOR PRODUCTS, PROCESSES, AND SERVICES. STC SERV IT'S MEMBERS BY IDENTIFYING AND PROMOTING BEST PRACTICES IN THE FIELD 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 e906/E27 2 Did the organization case concluding, or make significant changes in how it conducts, any program services, and make the program services of the significant changes in the transport of the angulation to graph service accompliablements for each of its three largest program services, as measured by expenses. Section the organization case conducting, or make significant changes in tow it conducts, any program services, and reservices, and reservices of 100(%) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, at revenue, if any, for each program services (2557, notworks, SEMINARS, AND WORKSHOPS PROVIDE FORUM FOR LEARNING AND DISCUSSION. 746,1 40 (code) (bueness		
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32002 01-20-20 2		Other program services (Describe on Schedule O.) (Expenses \$ 270, 293. including grants of \$ 0.) (Revenue \$ 87, 429.)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Ives. If Yes," complete Schedule A If X 2 Is the organization negage 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 B Section 501(c)(3) organizations. Du the organization engage in lobbying activities, or have a section 501(h) election in effect druin that vers? If Yes," complete Schedule C, Part II 4 B Sith organization assetted Schedule C, Part II 4 5 D Did the organization and produce Schedule C, Part II 5 5 D Did the organization maintain any doon advised runds or any semilar funds or accounts for which donors have the ignit to the provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 6 D Did the organization maintain collections of varies of at nessenert, including easements, to preserve open space, the environment, historic at vareas, or historic structures? If Yes," complete Schedule D, Part II 8 D Did the organization report an amount In Part X, line 21, for escrow or custodial account liability, serve as a custodiant for amounts not liabili In Part X, or provide cardit counseling, debt management, credit repair, or debt negations service? 9 D Did the organization report an amount for historic structures? If Yes," complete Schedule D, Part V 10	No
If 'Yes,' complete Schedule A 1 X 2 Is the organization required to complete Schedule 0, Part I 2 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 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax yea? If 'Yes,' complete Schedule C, Part II 4 5 Is the organization asettom 501(c)(3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule D, Part II 6 6 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II 7 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cordic counseling, debt management, credit repair, or debt negotiation services? 7 9 Uf the organization report an amount for induct buildings, and equipment in Part X, line 12, line 12, line 10, Part XI, line 12, line 10, Part XI, line 167 If 'Yes,' complete Schedule D, Part IV 10 Did the organization report an amount for induct sestins in ArX, line 12, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part XIII 11	
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1c and 8a? If "Yes," complete Schedule G, Part II 18	X
	х
	<u></u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	х
complete Schedule G, Part III 19	л Х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	- 22
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
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 SOCIETY FOR TECHNICAL COMMUNICATION, INC
 31-4424296
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A) line 22, If "Yes," complete Schedule I, Parts Land III	22		x
	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
	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):	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

Form 990 (201	9) SOCIETY	FOR TECHNIC	AL COMMUNICATION	, INC	31-4424296	Page 5
Part V S	statements Regarding Ot	ther IRS Filings and	Tax Compliance (continue	ed)		

					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	8							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	Irns?	•	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	∍O .		3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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		. ,							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			6 -		x				
h	any contributions that were not tax deductible as charitable contributions?			6a		<u></u>				
D	If "Yes," did the organization include with every solicitation an express statement that such contributive were not tax deductible?		-	6b						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			0.0						
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the pavor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v									
	to file Form 8282?			7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ict?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 8	899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by tl	ne	-						
•				8						
9	Sponsoring organizations maintaining donor advised funds.			0-						
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b						
ь 10	Section 501(c)(7) organizations. Enter:			30						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	· · · · ·								
а	Gross income from members or shareholders	11a								
	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	ו 1041 י	?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
b	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b								
с	Enter the amount of reserves on hand	13D								
		L	I	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	ome?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
				Form	1 990	(2019)				

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Х

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

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

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	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	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any othe	r			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervi	sion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
	Did the organization have members or stockholders?			6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following	:			
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			·	-
_					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing th	ne form?	11a	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			10-	x	
	in Schedule O how this was done			12c 13		x
	Did the organization have a written whistleblower policy?			14		X
	Did the organization have a written document retention and destruction policy?			14		- 23
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	li by independe	111			
2	The organization's CEO, Executive Director, or top management official			150	x	
	Other officers or key employees of the organization			15a 15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		011			
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section	on 501(c)(3)	s only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.	on Schedule O		,	,	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d fina	ncial	
	statements available to the public during the tax year.		c poncy, an	a mia	loiar	
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and record	s 🕨			
-	ELIZABETH POHLAND - (703) 552-2075		- F			
	3251 OLD LEE HWY, NO. 406, FAIRFAX, VA 22030				990	(00.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more erson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BEN WOELK	4.00	x		x				0.	0.	0.
PRESIDENT (2) CRAIG BAEHR	2.00	<u>^</u>		<u>^</u>				0.	0.	0.
(2) CRAIG BAEHR VICE PRESIDENT	2.00	x		x				0.	0.	0.
(3) JANE WILSON	4.00	^		^				0.	0.	0.
PAST PRESIDENT	4.00	x		x				0.	0.	0.
(4) JAMES BOUSQUET	2.00							0.	0.	0.
TREASURER		x		x				0.	0.	0.
(5) KIRSTY TAYLOR	2.00									
SECRETARY		x		x				0.	0.	0.
(6) TODD DELUCA	2.00									
DIRECTOR		x						0.	0.	0.
(7) ALISA BONSIGNORE	2.00									
DIRECTOR		X						0.	0.	0.
(8) LAURA PALMER	2.00									
DIRECTOR		X						0.	0.	0.
(9) BETHANY AGUAD	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ELIZABETH POHLAND	37.50									
CHIEF EXECUTIVE OFFICER				X				150,367.	0.	11,363.
		-								
		$\left \right $				\vdash				
932007 01-20-20	1					-				Form 990 (2019)

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									NICATION, IN		424	296	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					(-)	
	(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck ss per d a d	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation		an	(F) stimate nount other	
		week (list any hours for related officer and a director/trustee) from the up ability from the organizations organizations hours for related ion ability ion abili								com fr org and	pensa om th anizat d relat anizati	e ion :ed		
					0	×								
	Subtatal								150,367.		0.	1	13	63.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							<u> </u>		0.			0.
2	Total number of individuals (including but n compensation from the organization							no r		l),000 of reportab	-		<u> </u>	1
	· • •	-1											Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for so	uch individual										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual			4	X	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors								•			5		х
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for (A) (A) Name and business					vitri	or w		n the organization's tax (B) Description of s		C	(C compe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot li	mite	d to		se li:)	stec	d above) who received n	nore than				
							~					Form	990 (2019)

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			2019) SOCIETY FOR	TECHNICAL	COMMUNICA	TION, INC	31-4424	296 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	se or note to any li		(B)		
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns					
àran oun	-		Membership dues 1b					
Am G			Fundraising events 1c					
Giff		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e		-			
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and	7 405				
et dt		~	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	7,495.	-			
Con		-	Total. Add lines 1a-1f	•	7,495.			
<u> </u>				Business Code	.,			
e	2	а	MEMBERSHIP DUES	900099	759,963.	759,963.		
ervio			CONFERENCES/SEMINARS	900099	746,113.			
n Se enu		с	PUBLICATIONS	541800	130,198.	61,749.		
Jev		d	EDUCATIONAL REVENUE	900099	87,429.	87,429.		
Program Service Revenue		е		-				
щ			All other program service revenue		1,723,703.			
	3		Total. Add lines 2a-2f	,	1,725,705.			
	0		other similar amounts)		13,922.			13,922.
	4		Income from investment of tax-exempt bond					
	5		Royalties		2,280.			2,280.
			(i) Real	(ii) Personal	_			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
	7		Net rental income or (loss) Gross amount from sales of (i) Securities					
	'	u	assets other than inventory 7a 74 , 856		-			
		b	Less: cost or other basis		-			
anu			and sales expenses 70 , 472	2.				
evenue			Gain or (loss) 7c 4,384					
r R			Net gain or (loss)	>	4,384.			4,384.
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of contributions reported on line 1c). See					
				Ba				
		b		3b				
			Net income or (loss) from fundraising events	s >				
	9	а	Gross income from gaming activities. See					
			· · · · · · · · · · · · · · · · · · ·	9a	-			
			· · · · · · · · · · · · · · · · · · ·	9b				
	40		Net income or (loss) from gaming activities	····· ►				
	10	a	Gross sales of inventory, less returns and allowances 1	0a				
		b		0b				
			Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11	а						
llan		b		-				
Rei		c C		900099	2,621.			2,621.
Σ			All other revenue		2,621.			2,0210
	12		Total revenue. See instructions		1,754,405.		68,449.	23,207.
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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 161,730. 92,130. 69,600. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 351,229. 200,079. 151,150. Other salaries and wages 7 Pension plan accruals and contributions (include 8 11,300. 6,437. 4,863. section 401(k) and 403(b) employer contributions) 39,564. 22,538. 17,026. Other employee benefits 9 36,444. 20,761. 15,683. Payroll taxes 10 Fees for services (nonemployees): 11 a Management 2,555. 2,555. b Legal 9,900. 9,900. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е 7,605. 7,605. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 218,340. 164,974. 53,366. column (A) amount, list line 11g expenses on Sch 0.) 264.264. Advertising and promotion 12 211,619. 196,188. 15,431. 13 Office expenses 186,534. 54,692. 131,842. 14 Information technology 15 Royalties 108,507. 61,817. 46,690. 16 Occupancy 46,382. 30,979. 15,403. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 235,322. 231,604. 3,718. Conferences, conventions, and meetings 19 5,779. 13,431. 7,652. Interest 20 Payments to affiliates 21 4,523. 2,578. 1,945. Depreciation, depletion, and amortization 22 9,041. 21,010. 11,969. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DUES, SUBSCRIPTIONS, 2,662. 1,748. 914. AN а b С d 11,962. 6,148. 5,814. All other expenses е 1,680,883. 1,112,558. 568,325. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			520.	1	520.
	2	Savings and temporary cash investments			212,857.	2	201,424.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,104.	4	800.
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali	rsons (as defined				
		under section 4958(f)(1)), and persons described	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			16,495.	9	16,077.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	524,472.			
	b	Less: accumulated depreciation		518,001.	6,167.	10c	6,471.
	11	Investments - publicly traded securities		396,430.	11	456,416.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets See Part IV line 11			51,494.	15	33,161.

	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	51,494.	15	33,161.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	687,067.	16	714,869.
	17	Accounts payable and accrued expenses	114,323.	17	103,839.
	18	Grants payable		18	
	19	Deferred revenue	599,783.	19	490,528.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	322,700.	23	303,954.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	10,409.	25	44,686.
	26	Total liabilities. Add lines 17 through 25	1,047,215.	26	943,007.
6		Organizations that follow FASB ASC 958, check here \blacktriangleright			
Ce		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	-360,965.	27	-231,770.
ΪB	28	Net assets with donor restrictions	817.	28	3,632.
ŭ		Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
г Г		and complete lines 29 through 33.			
si o	29	Capital stock or trust principal, or current funds		29	
sset	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	-360,148.	32	-228,138.
	33	Total liabilities and net assets/fund balances	687,067.	33	714,869.
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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,754,4 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,680,8 3 Revenue less expenses. Subtract line 2 from line 1 3 73,5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -360,7	383. 522. 48. 188.
1Total revenue (must equal Part VIII, column (A), line 12)11,754,42Total expenses (must equal Part IX, column (A), line 25)21,680,83Revenue less expenses. Subtract line 2 from line 1373,54Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4-360,5	383. 522. 48. 188.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	383. 522. 48. 188.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	383. 522. 48. 188.
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	0.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	48.
	188.
	0.
5 Net unrealized gains (losses) on investments 5 58,4	
6 Donated services and use of facilities	
7 Investment expenses7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	20
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	20
column (B)) 10228 , 2	- 38 -
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
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1	(Form	aan	or	990.	FZ
l	FOILI	330	U	220-	- 22

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public

		of the Treasi enue Service			Go to www.irs		Ittach to Form 990 of /Form990 for instruc			nformation		Inspecti	
Nan	ne of	the orga	nization						ne latest i	mormation.	Employer	identification	
				SOCIE	TTY FOR	ጥድር	CHNICAL COM	MUNTCA	TTON.	INC		1-442429	
Pa	rt I	Rea					Il organizations must						
							For lines 1 through 12						
1							n of churches describ						
2	\square						Attach Schedule E (Fo			•,,,•,,,•,•			
3	\square						inization described in			ii)			
4	\square		•		•	Ũ	junction with a hospi				(iii) Enter	the hospital's r	name
-			d state:	organiza	lion operated i	11 001	junoton war a noopi						lame,
5				rated for	the benefit of	a col	lege or university owr	ed or opera	ited by a d	overnmental	unit describ	ed in	
Ŭ					mplete Part II.		loge of aniversity own		lice by a g	overninentai			
6					•	, ,	ental unit described i	section 1	70(b)(1)(A)	(v)			
7	\square			-	-		ntial part of its suppor				the general	nublic describe	ed in
'		-		-	mplete Part II.)			t nom a gov	Chinema		the general		Sum
8							1)(A)(vi). (Complete P	art II)					
9	F		-				in section 170(b)(1)(A	-	ed in conii	inction with a	a land-orant	college	
Ŭ							ulture (see instruction						
		univers	-	in land gr	ant concige of	agnet				y, and state t	of the colleg		
10	X		·	normally	receives: (1)	more	than 33 1/3% of its s	innort from	contributi	ons member	rshin fees a	nd aross receir	
10		5					t to certain exception						
							(less section 511 tax)						
					plete Part III.)	ome			53553 acqu		ngamzation	arter burle bo,	1375.
11						clusiv	vely to test for public	safety See	section 50)9(a)(4)			
12	\square	-	-		-		vely for the benefit of,	-			arry out the	nurposes of o	ne or
		-	-		-		d in section 509(a)(1)	-			-		
							f supporting organizat						
а			-		-	-	upervised, or controlle		-		-	aivina	
					-		gularly appoint or elec						
			• •			-	ctions A and B.	e a majority				apporting	
b					-		or controlled in conne	ection with i	ts support	ed organizati	ion(s), by ha	vina	
	-				-		inization vested in the			-		-	
			-			-	Sections A and C.						
с					-		organization operate	d in connec	tion with.	and function	allv integrate	ed with.	
-						-	. You must complete						
d							orting organization op				orted organi	zation(s)	
							ation generally must s						
				•	-	-	plete Part IV, Sectio	-		-			
е			-		-		vritten determination f				e II, Type III		
		funct	ionally integra	ated, or ⁻	Type III non-fui	nctior	nally integrated suppo	rting organi	zation.				
f	Ent		mber of supp										
g	Pro	vide the	following info	rmation	about the sup	oortee	d organization(s).						
		(i) Name o	f supported		(ii) EIN		(iii) Type of organization	in your govern	anization listed ing document?	(v) Amount o	•	(vi) Amount o	
		orgar	nization				(described on lines 1-10 above (see instructions)		No	support (see i	instructions)	support (see ins	tructions
Tota	al												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
č	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,						
	L						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this	s box and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶∟
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, chec	k this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-		
b	10% -facts-and-circumstances tes						
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						-
18	Private foundation. If the organization		0	• •	,		tions
				,,,			000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

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.")	21,800.	670.	5.	4,212.	7,495.	34,182.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1975309.	1951128.	1741627.	1600008.	1655254.	8923326.
2	organization's tax-exempt purpose Gross receipts from activities that	1973309.	1991120.	1/11/2/.	1000000.	10352340	0923320.
3	are not an unrelated trade or bus-						
	iness under section 513						
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	1997109.	1951798.	1741632.	1604220.	1662749.	8957508.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						8957508.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1997109.	1951798.	1741632.	1604220.	1662749.	8957508.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,657.	18,464.	15,707.	15,835.	16,202.	82,865.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	16,657.	18,464.	15,707.	15,835.	16,202.	82,865.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is		40.075	10 515	01 005		105 142
40	regularly carried on Other income. Do not include gain	59,761.	42,875.	19,515.	21,235.	41,757.	185,143.
12	or loss from the sale of capital	20,708.	13,416.			2,621.	36,745.
12	assets (Explain in Part VI.)	2094235.	2026553.	1776854.	1641290.	1723329.	9262261.
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
••							
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (-	column (f))		15	96.71 %
	Public support percentage from 2018		•			16	96.83 %
	ction D. Computation of Invest						
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.89 %
18	Investment income percentage from	2018 Schedule A, I	Part III, line 17			18	.91 %
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che			•	. ,	•	
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			
93202	23 09-25-19			15	Sche	edule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

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Schedule A (Form 990 or 990-EZ) 2019

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

~ ~ ~

16

Schedule A (Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 Page 5

Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		┝───
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
<u> </u>	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations		×	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
Sec	tion D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		<u>ــــــــــــــــــــــــــــــــــــ</u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99)0-EZ)	2019
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Schedule A (Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	v integra	ted Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
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	าร		
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	ne 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			
	, ,	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	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			
a	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:			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	(Form 990 or 990-EZ) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC31-4424296 [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 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 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.)
32028 09-25-1	19 Schedule A (Form 990 or 990-E

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name of the organization

SOCIETY FOR TECHNICAL COMMUNICATION, INC

Employer identification number 31-4424296

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advise	ed fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	a histo	rically important land area
	Protection of natural habitat	Preservation of	a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
			[2b
с	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			ization during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	handling of violations, and enforcing cons	servatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170((h)(4)(B	s)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents th	at describes the
_	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther S	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement a	ind bal	ance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	ırtherar	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and t	balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			-
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2019
93205	10-02-19			
		21		

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			FOR TECHN									age 2
Pa	rt III Organizations Mainta									ts (contii	nued)	
3	Using the organization's acquisition	n, accessio	on, and other record	ls, checl	k any of the	following that	at make :	significant	use of its			
	collection items (check all that apply	y):										
а	Public exhibition		d			hange progr						
b	Scholarly research		e		Other							
с	Preservation for future generation											
4	Provide a description of the organiz		-		-	-			ose in Par	t XIII.		
5	During the year, did the organization					-				٦		٦
De	to be sold to raise funds rather than									Yes		_ No
Pa	rt IV Escrow and Custodia reported an amount on Form			ete if the	organizatio	on answered	"Yes" or	1 Form 990), Part IV,	line 9, oi		
	•			diam (fau								
1a	Is the organization an agent, trustee									7		
h	on Form 990, Part X?								L	Yes		_ No
a	If "Yes," explain the arrangement in	i Part Alli a	and complete the lo	nowing	lable.					Amoun	+	
•	Paginning balance							1c		Amoun	1	
	Beginning balance Additions during the year											
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amo									Yes		No
	If "Yes," explain the arrangement in]
	rt V Endowment Funds. c											
	L		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance	Г										
b	Contributions											
с	Net investment earnings, gains, and											
d	Grants or scholarships											
е	Other expenditures for facilities	Γ										
	and programs											
f	Administrative expenses											
g	End of year balance	L										
2	Provide the estimated percentage of	of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endown	nent 🕨 _		_%								
b			%									
с	· · ·	9										
	The percentages on lines 2a, 2b, ar											
3a	Are there endowment funds not in t	the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for t	he organiz	zation	1		
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related											
U A	Describe in Part XIII the intended us									3b		<u> </u>
Pa	rt VI Land, Buildings, and			JWITHEIT	iunus.							
	Complete if the organization) Part IV	/ line 11a 9	See Form 99() Part X	line 10				
	Description of property	anoweree	(a) Cost or o			t or other		ccumulate	a l	(d) Boo	k valu	
	Description of property		basis (investr			(other)	• • •	preciation		(u) 000	N valu	C
1a	Land		· · · · ·	-7		. /						
	Buildings					3,500.		3	85.		3,1	15.
	Leasehold improvements											
	Equipment				50	5,644.		502,2	88.		3,3	56.
	Other					5,328.		15,3	28.			0.
	I. Add lines 1a through 1e. (Column (X, colur		-					6,4	
		,	,,	,	. ,,	,			<u> </u>			

Schedule D (Form 990) 2019

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Part VII	Investme	ents - Ol	ther Securitie	es.					
Schedule D	(Form 990) 2	2019	SOCIETY	FOR	TECHNICAL	COMMUNICATION,	INC	31-4424296	Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	2,146.
(3) DEFERRED RENT	42,540.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	44,686.

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

Schedule D (Form 990) 2019

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_	edule D (Form 990) 2019 SOCIETY FOR TECHNICAL COM				
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,805,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	58,488	•	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d			-7,605	•	
е				2e	50,883.
3	Subtract line 2e from line 1			3	1,754,405.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
				4c	0.
с				10	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,754,405.
5				5	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	ements With		5	irn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ements With 2a.	Expenses pe	5	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ements With 2a.	Expenses pe	5 r Retu	irn.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ements With	Expenses pe	5 r Retu	irn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a.	Expenses pe	5 r Retu	irn.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b	Expenses pe	5 r Retu	irn.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	Expenses pe	5 r Retu	irn.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	I Expenses pe	5 r Retu	urn. 1,673,278. 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses pe	5 r Retu 1 	ırn.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses pe	5 r Retu 1 2e 3	urn. 1,673,278. 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2b 2c 2d	Expenses pe	5 r Retu 1 2e 3	urn. 1,673,278. 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2a 2b 2b 2c 2d 2d	Expenses pe	5 r Retu 1 2e 3	urn. 1,673,278. 0. 1,673,278.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b 2b 2c 2d 2d 4a 4b	• Expenses pe	5 r Retu 1 2e 3	urn. 1,673,278. 0. 1,673,278. 7,605.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a. 2a. 2b 2b 2c 2d 2d 4a 4b	• Expenses pe	5 r Retu 1 2e 3 4c	urn. 1,673,278. 0. 1,673,278.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a. 2b 2b 2c 2d 2d 4a 4b	• Expenses pe	5 r Retu 1 2e 3 4c	urn. 1,673,278. 0. 1,673,278. 7,605.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES INCLUDED ON PART IX, LINE 11F

-7,605.

932054 10-02-19

Schedule D (Form 990) 2019

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SCI	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	J
Depar	ment of the Treasury	Attach to Form 990.		Open to		
Interna	I Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection er identification numb		
Nam	e of the organizatior					mber
De		SOCIETY FOR TECHNICAL COMMUNICATION, INC	31-4	42429	6	
Pa		s Regarding Compensation				
4-			000		Yes	No
па		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for com	r				
		ation and gross-up payments X Health or social club dues or initiation fees				
		spending account Personal services (such as maid, chauffeu				
			i, chei)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
	li dotobo, and omoo					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	5			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant I Compensation survey or study				
	Form 990 of of	her organizations I Approval by the board or compensation co	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
		e payment or change-of-control payment?				X
b	Participate in, or rec	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
С	-	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the re			_		v
						X X
a		ation?		5b		
~		r 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation at exprises of	'n			
	contingent on the n			60		x
		ation?			1	X
b		ation? r 6b, describe in Part III.				<u> </u>
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	:			
	-	les 5 and 6? If "Yes," describe in Part III		7		x
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
		d the organization also follow the rebuttable presumption procedure described in				
-		153.4958-6(c)?				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2019
-		·		•	- /	

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ELIZABETH POHLAND	(i)	148,867.	1,500.	0.	3,788.	7,575.	161,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

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

2019 Open to Public Inspection

OMB No 1545-0047

Employer identification number 31 - 4424296

INC

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

SOCIETY FOR TECHNICAL COMMUNICATION,

DEDICATED TO ADVANCING THE ARTS AND SCIENCES OF TECHNICAL

COMMUNICATION.

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

AND BY DEMONSTRATING THE ECONOMIC VALUE DELIVERED BY TECHNICAL

COMMUNICATORS. BY PROVIDING LIFELONG LEARNING OPPORTUNITIES, WE HELP

OUR MEMBERS

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

COMMUNITY RELATIONS: PROGRAMS TO ENABLE COLLABORATIVE COMMUNICATION

BETWEEN STC COMMUNITIES AND MEMBERS; PROMOTE THE STRATEGIC OBJECTIVES

AND INITIATIVES OF THE SOCIETY; MAKE RESOURCES AVAILABLE FOR CAREER

TRAINING AND DEVELOPMENT.

EXPENSES \$ 57,120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MARKETING AND PUBLIC RELATIONS: PROGRAMS TO MARKET AND PROMOTE THE

SOCIETY'S MISSION THROUGH ORGANIZATIONAL PARTNERSHIPS, CORPORATE VALUE

PROGRAMS, SPONSORSHIPS, AND MEMBER DEVELOPMENT.

EXPENSES \$ 40,780. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROFESSIONAL DEVELOPMENT: PROGRAMS AND ACTIVITIES CREATED AND

MAINTAINED BY THE SOCIETY WHERE TECHNICAL COMMUNICATORS MAY HAVE ACCESS

TO VALUABLE RESOURCES FOR PROFESSIONAL DEVELOPMENT.

EXPENSES \$ 17,484. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

28

15591109 788028 13703.3AU01 2019.04030 SOCIETY FOR TECHNICAL COMMU 13703_31

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SOCIETY FOR TECHNICAL COMMUNICATION, INC	Employer identification number 31-4424296
EDUCATION: SUPPORT TO PRACTITIONERS, TEACHERS, AND STUDEN	TS OF
TECHNICAL COMMUNICATION THROUGH PROGRAMS, SCHOLARSHIPS, A	NNUAL
CONFERENCES AND SEMINARS. THE SOCIETY ALSO PROVIDES INFO	RMATION ABOUT
EVENTS AND COURSES RELATED TO TECHNICAL COMMUNICATION.	
EXPENSES \$ 154,909. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 87,429.
FORM 990, PART VI, SECTION A, LINE 6:	
THERE ARE FOUR CLASSES OF INDIVIDUAL MEMBERSHIP IN THE SO	CIETY: STUDENT
MEMBER, REGULAR MEMBER, SENIOR MEMBER, AND SUSTAINING MEM	BER. EACH STUDENT,
REGULAR, SENIOR, AND SUSTAINING MEMBER (COLLECTIVELY, THE	"VOTING
MEMBERSHIP") IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMI	TTED TO THE
MEMBERSHIP FOR A VOTE. STUDENT AND REGULAR MEMBERS MAY NO	T SERVE AS A
DIRECTOR OR OFFICER OF THE SOCIETY. A SENIOR MEMBER MAY S	ERVE AS A DIRECTOR
OR OFFICER OF THE SOCIETY. MEMBERS OF THE BOARD OF DIRECT	ORS ARE ELECTED BY
THE VOTING MEMBERSHIP.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE BOARD OF DIRECTORS ALL ARE ELECTED BY THE VOTING MEMB	ERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE CHIEF STAFF OFFICER OF THE ORGANIZATION. IT IS THEN PRESENTED TO THE FINANCE AND INVESTMENT COMMITTEE FOR REVIEW. ONCE THE

FINANCE AND INVESTMENT COMMITTEE HAS REVIEWED THE DOCUMENT, IT IS PRESENTED TO THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

 ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

 29
 29

 15591109 788028 13703.3AU01
 2019.04030 SOCIETY FOR TECHNICAL COMMU 13703_31

Schedule O (Form 990 or 990-EZ) (2019)	Page 2				
Name of the organization SOCIETY FOR TECHNICAL COMMUNICATION, INC	Employer identification number 31-4424296				
ANNUALLY. THIS POLICY REQUIRES THAT THEY DISCLOSE ANY CUR	RENT CONFLICTS, AS				
WELL AS REQUIRING THAT ANY CONFLICTS THAT ARISE DURING BO	ARD OR COMMITTEE				
ACTIVITIES MUST BE DISCLOSED AT THAT TIME.					
FORM 990, PART VI, SECTION B, LINE 15A:					
THE COMPENSATION COMMITTEE REVIEWS COMPARISON DATA DRAWN	FROM THE AMERICAN				

SOCIETY OF ASSOCIATION EXECUTIVES PUBLISHED SALARY DATA. BASED ON THIS

INFORMATION, SALARY RANGES ARE SET FOR EACH POSITION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE AND UPON REQUEST.

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

EDITORIAL SERVICES:

PROGRAM SERVICE EXPENSES40,250.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES40,250.

PAYROLL SERVICES:PROGRAM SERVICE EXPENSES9,355.MANAGEMENT AND GENERAL EXPENSES7,065.FUNDRAISING EXPENSES0.TOTAL EXPENSES16,420.

OTHER PROFESSION	NAL FEES:						
932212 09-06-19					Schedule O	(Form 990	or 990-EZ) (2019)
			30				
15591109 788028 13	703.3AU01	2019.04030	SOCIETY	FOR	TECHNICAL	COMMU	13703_31

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization SOCIETY FOR TECHNICAL COMMUNICATION, INC	Page Employer identification numbe 31-4424296
PROGRAM SERVICE EXPENSES	115,369
MANAGEMENT AND GENERAL EXPENSES	46,301
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	161,670
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	218,340
	edule O (Form 990 or 990-EZ) (201

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047 2019

Open to Public Inspection

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

Name of the organization

SOCIETY FOR TECHNICAL COMMUNICATION, INC

Employer identification number 31-4424296

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

	(1)		(n		(8)
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
STC CERTIFICATION COMMISSION - 45-2595299	DEVELOPING CREDENTIALING				SOCIETY FOR		
3251 OLD LEE HWY STE 406	STANDARDS IN TECHNICAL				TECHNICAL		
FAIRFAX, VA 22030	WRITING/COMMUNICATIONS	VIRGINIA	501(C)(6)	N/A	COMMUNICATION		X

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC

31-4424296 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) g Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income		of total Shar		e of Dispropolyear		(i) Code V-UBI amount in bo	nox l ⁿ	(j) General contanaging partner?	(k) Percent owners
		foreign country)		excluded fi sections	rom tax under s 512-514)			as	sets		No	20 of Sched K-1 (Form 10	lule L	partitier	
	_														
	-														
	_														
	-														
	_														
	-														
	-														
	-														
t IV Identification of Related O organizations treated as a c	organizations Taxable corporation or trust during	as a Corpo	oration or Trust. C year.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it h	had or	ne or n	nore relat
(a)		-	(b)	(c)	(d)		(e))	(f)		(g)	((h)	(i) Sectio 512(b)(
Name, address, and of related organizati	EIN	Prim	ary activity	Legal domicile (state or	Direct con entit	Direct controlling		entity S corp,	Share c inco			Share of end-of-year	Perc	entage ership	controll
				foreign country)		,	or tru	trust)		51110		assets	owneren		entity ⁴
													+		+

Schedule R (Form 990) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
с	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		Х		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10		Х		
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
	Reimbursement paid by related organization(s) for expenses	1q		Х		
-						
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(</u> 3)			
<u>(</u> 4)			
<u>(</u> 5)			
_(6)	24		

_

Schedule R (Form 990) 2019 SOCIETY FOR TECHNICAL COMMUNICATION, INC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2019

Schedule R	(Form 990) 2019
Part VII	Supplement

art	VII	Supplemental Information	
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Provide additional information for responses to questions on Schedule R. See instructions.

2165 09-10-19		Schedule R (Form 990

Form		Tax	on Unrelate	ed Business			6 OMB No. 1545-0047
•	rksheet) (and trent of the Treasury Go to www.irs	s.gov/F	r Tax-Exemp restment Income for F Form990W for instruc ords. Do not send to	tions and the latest i	nformation.	т	2020
1	Unrelated business taxable income expected in the tax y	/ear				1	
2	Tax on the amount on line 1. See instructions for tax c	omputa	tion			2	
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments. Private foundations, see instru	-	-				
b	Enter the tax shown on the 2019 return. See instruction zero or the tax year was for less than 12 months, skip the second	is. Caut his line			8,769.		
C	2020 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c	ie 10b. l	f the organization is requi	ired to skip line 10b, ente	r the amount	10c	8,800.
			(a)	(b)	(C)	100	(d)
11	Installment due dates. See instructions	11	07/15/20	07/15/20	09/15/2	0	12/15/20
12	Required installments . Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal						
	installment method, or is a "large organization."	12	2,200.	2,200.	2,2	00.	2,200.
13	2019 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12) For Paperwork Reduction Act Notice, see instructio	14	2,200.	2,200.	2,2	00.	2,200. Form 990-W (2020)
LHA	i of i aperwork neuronon Act woulde, see instructio	113.					10111 330-44 (2020)

Form 990-T		rganization Bu (and proxy tax un			rax Return	1	OMB No. 1545-0047
	For calendar year 2019 or oth			, and ending			2019
Department of the Treasury		o www.irs.gov/Form990T for numbers on this form as it ma					Open to Public Inspectio 501(c)(3) Organizations O
A Check box if		tion (Check box if name	-			DEmp	loyer identification numbe
address changed	Numb of organiza		onungou t				oloyees' trust, see uctions.)
Exempt under section		FOR TECHNICAL			, INC		31-4424296
X 501(c)(3)		nd room or suite no. If a P.O. b		structions.		L Unre (See	lated business activity co instructions.)
408(e) 220(e)	3251 OLL	LEE HWY, NO.		a control a control a		4	
408A 530(a)		or province, country, and ZIP VA 22030	or toreign	postal code		541	800
Book value of all assets		on number (See instructions.)				511	
^r at end of year 714,8		tion type 🕨 🗴 501(c) co		501(c) trus	t 401(a)) trust	Other trus
	organization's unrelated tra		5	Descril	be the only (or first) un	related	1
	SEE STATEM				ne, complete Parts I-V.		
		previous sentence, complete F	Parts I and	II, complete a Sched	ule M for each addition	nal trad	le or
business, then complete							37
	the corporation a subsidiar and identifying number of th	y in an affiliated group or a par	ent-subsid	liary controlled group	? Þ L	Y	es X No
-				Tele	phone number 🕨 🕻	703	3) 552-207
	d Trade or Busines			(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	S						
b Less returns and allo	wances	c Balance ►	1c				
2 Cost of goods sold (S	Schedule A, line 7)		2				
3 Gross profit. Subtract							
		ch Form 4797)					
		ation (attach statement)					
 Rent income (Schedu Unrelated debt-finance 	lie C) ad incomo (Schodulo E)		6				
		ntrolled organization (Schedule F					
		(17) organization (Schedule 6	′ +				
		(, o.g		18,042	•		18,04
				18,667	. 3,7	44.	14,92
12 Other income (See in	structions; attach schedule)		12				
13 Total. Combine lines	3 through 12		13	36,709		44.	32,96
		where (See instructions			s.)		
		cted with the unrelated bus					İ
		s (Schedule K)				14 15	
						16	
						17	
						18	
						19	2,66
20 Depreciation (attach	Form 4562)			20			
21 Less depreciation cl	aimed on Schedule A and e	sewhere on return		21a		21b	
						22	
						23	
						24	
						25	14,92
						26 27	14,34
7 ()ther deductions (at						27	17,58
		perating loss deduction. Subtra	act line 28	from line 13		20	15,37
28 Total deductions. A	taxable income before net o	r				<u> </u>	
28 Total deductions. A29 Unrelated business to		ears beginning on or after Janu	iary 1, 201				
 Total deductions. A Unrelated business Deduction for net op 	erating loss arising in tax y	ears beginning on or after Janı				30	(
 Total deductions. A Unrelated business Deduction for net op (see instructions) 	erating loss arising in tax y					30 31	15,37

Total Unrelated Business	Taxable Income					
f unrelated business taxable income co	mputed from all unrelated trad	les or businesses (see instructi	ons)	32	42,757
ts paid for disallowed fringes					33	
						42,75
						42,75
						1,00
					30	1,000
		•			20	41,75
					39	11,15
	tinly line 39 by 21% (0.21)				▶ 40	8,76
						.,
					▶ 41	
tive minimum tax (trusts only)					43	
Noncompliant Facility Income. See in	structions				44	
Add lines 42, 43, and 44 to line 40 or 4	1, whichever applies				45	8,76
Tax and Payments						
tax credit (corporations attach Form	118; trusts attach Form 1116)		46a			
redits. Add lines 46a through 46d					46e	
ct line 46e from line 45					47	8,76
					· ·	
						8,76
				3,15	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					_	
					_	
					_	
		Total	510			
			· •		52	3,19
ted tax penalty (see instructions). Chec	k if Form 2220 is attached 🕨	► 🗌			53	2
					▶ 54	5,59
					► 55	•
				Refunded	► 56	
			ation (see	e instructions)		
time during the 2019 calendar year, di	I the organization have an inter	rest in or a signatur	re or other a	uthority		Yes
financial account (bank, securities, or o	other) in a foreign country? If "Y	Yes," the organization	on may have	e to file		
Form 114, Report of Foreign Bank and	l Financial Accounts. If "Yes," e	enter the name of th	ne foreign co	ountry		
▶						
the tax year, did the organization recei	ve a distribution from, or was it	t the grantor of, or	transferor to	o, a foreign trust? _		
" see instructions for other forms the o	rganization may have to file.					
	<u> </u>					
nder penalties of perjury, I declare that I have prect, and complete. Declaration of preparer	examined this return, including acco other than taxpaver) is based on all i	ompanying schedules a information of which p	and statement reparer has an	s, and to the best of m	ny knowledge and b	elief, it is true,
				UTIVE	May the IRS dis	scuss this return wit
Signature of officer	Data		ER		_	own below (see
1		► The				X Yes
Print/Type preparer's name			Date		_	
		Mill.	11/9/2	0 self-emplo		0000700
Firm's name ► WEGNER CI		min				086726
Linnie name NUBCINER (PAS, LLP			Firm's Ell	N 🏲 39-	-0974031
419 N 1	LEE ST			Dhone	608 27	11_1020
	LEE ST			Phone no	o. 608-27	7 <u>4-4020</u> orm 990-T
	unrelated business taxable income contributions (see instructions for large income before in for net operating loss arising in tax in unrelated business taxable income before deduction (Generally \$1,000, but see ted business taxable income. Subtract in smaller of zero or line 37 Tax Computation taxing taxable as Corporations. Multifications Taxable as Corporations. Multifications the minimum tax (trusts only) Noncompliant Facility Income. See in tax and Payments two minimum tax (trusts only) Noncompliant Facility Income. See in tax and Payments tax credit (corporations attach Form 1 redits (see instructions) tax credit (corporations attach Form 3800 or prior year minimum tax (attach Form 1 redits. Add lines 46a through 46d ax. Add lines 47 and 48 (see instruction et 965 tax liability paid from Form 965- tax and Payments boosited with Form 8868 organizations: Tax paid or withheld at withholding (see instructions) organizations: Tax paid or withheld at withholding (see instructions). Check e. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: yment. If line 52 is larger than the total fine: dat appendites of perjury. I declare that I have or or form yment of tax-exempt int	ts paid for disallowed fringes ble contributions (see instructions for limitation rules) related business taxable income before pre-2018 NOLs and specific ion for net operating loss arising in tax years beginning before Janua 'unrelated business taxable income before specific deduction. Subtra 'deduction (Generally \$1,000, but see line 38 instructions for except ted business taxable income. Subtract line 38 from line 37. If line 38 e smaller of zero or line 37 Tax Computation ratable as Corporations. Multiply line 39 by 21% (0.21) Taxable at Trust Rates. See instructions for tax computation. Incom ax rate schedule or Schedule D (Form 1041) ax. See instructions tive minimum tax (trusts only) Noncompliant facility Income. See instructions did lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments Tax credit (corporations attach Form 1118; trusts attach Form 1116) redits (see instructions) business credit. Attach Form 3800 or prior year minimum tax (attach Form 8801 or 8827) redits. Add lines 46a through 46d tiline 46 from line 45 txes. Check if from: Form 4255 Form 861 Form 4255 Form 861 Form 4256 organizations: Tax paid or withheld at source (see instructions) withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2239 orm 4136 Outper ayment. Add lines 51a through 510 e. If line 52 is larger than the total of lines 49, 50, and 53, enter amount of line 52 you want: Credited to 2020 estimated tax b Statements Regarding Certain Activities and for ine during the 2019 calendar year, did the organization have an intel inancial account (bark, securities, or other) in a foreign country? If " Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e be the tax year, did the organization receive a distribution from, or was i see instructions for other forms the organization may have to file. te amount of tax-exempt interest received or accrued during the tax bestructions for other forms the organization may have to	urrelated business taxable income computed from all unrelated trades or businesses (ts paid for disallowed fringes ble contributions (see instructions for limitation rules) related business taxable income before pre2018 NCLs and specific deduction. Subtract in or net operating loss arising in tax years beginning before January 1, 2018 (see ins urrelated business taxable income before pre2018 NCLs and specific deduction. Subtract in of ant operating loss arising in tax years beginning before January 1, 2018 (see ins urrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than lin te smaller of zero or line 37 Tax Computation tations Taxable at Trust Rates. See instructions for tax computation. Income tax on the amound ax rate schedule or Schedule D (Form 1041) ax . See instructions two minimum tax (trusts only) Noncompliant Facility Income . See instructions wid lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments tax credit (corporations attach Form 1118; trusts attach Form 1116) redits. Add lines 46a through 46d. ti line 46e from line 45 txes. Check if from: Form 4255 Form 8611 Form 8697 Form At Add lines 46a through 46d. ti line 46e from line 45 txes. Check if from: Form 4255 Form 8611 Form 8697 Form A Add lines 46a through 46d. ti line 46e from line 45 type and the form 8680 organizations: Tax paid or withheld at source (see instructions) withholding (see instructions) et defis tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ths: A 2018 overpayment credited to 2019 stimated tax payments boosited with Form 8868 organizations: Tax paid or withheld at source (see instructions) withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Statements Regarding Certain Activities and Other Inform Statements Regarding Certain Activities and Other Inform the during the 2019 calendar year, did the organiza	urrelated business taxable income computed from all unrelated trades or businesses (see instructions tor limitation rules) urrelated business taxable income before pre2018 NOLs and specific deduction. Subtract line 34 form to nor nor operating loss arising in tax years beginning before January 1, 2018 (see instructions) uurrelated business taxable income before specific deduction. Subtract line 36 from line 35 indeduction (Generally S1,000, but see line 38 instructions for exceptions) ieduction (Generally S1,000, but see line 38 instructions for exceptions) ieduction (Generally S1,000, but see line 38 instructions for exceptions) iedu business taxable income. Subtract line 39 by 21% (0.21) Tax Computation Tax Computation Schedule D (Form 1041) ax. See instructions Schedule D (Form 1041) ax. See instructions Schedule D (Form 1041) ax. See instructions Immum tax (trusts only) Noncompliant Facility income. See instructions Immum tax (trusts only) Noncompliant Facility income. See instructions Immum tax (trusts only) Its a credit (corporations attach Form 1118; trusts attach Form 1116) Immum tax (trusts only) Noncompliant Facility income See instructions) Immum tax (trusts only) Its caredit (corporations attach Form 8801 or 8827) Immum tax (trusts only) Immum tax (trusts only) Noncompliant Facility income	urrelated business taxable income computed from all unrelated trades or businesses (see instructions) spaid for disallowed fringes bio contributions (see instructions for limitation rules) vrelated business taxable income before pre2018 NOLs and specific deducton. Subtract line 34 from line 35 deduction (Generally §1,000, but see line 38 instructions for exceptions) interlated business taxable income. Subtract line 38 from line 37. if accomputation Taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, e smaller of zero or line 37 Tax Computation Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from; ax rate schedule or Schedule 0 (Form 1041) ax. See instructions the minimum tax (trusts only). Noncompliant Facility Income. See instructions A dol lines 42, 34, and 44 to line 40 or 41, whichever applies Tax and Payments Lise credit (corporations attach Form 1801 or 8827) 466 to or prior year minimum tax (trusts form 3800 or 8827) 466 to or prior year minimum tax (trusts form 960-8, Part II, column (k), line 3 ts. A 2018 overgayment credited to 2019 516 organizations; Tax paid or withheld at source (see instructions) 516 organizations; Tax paid or withheld at source (see instructions) 516 organizations; Tax paid or withheld at source (see instructions) 516 organizations; Tax paid or withheld at source (see instructions) 518 tax ending (see instructions) 519 to tax day exprement credited to 2019 511 519 510 510 510 510 510 510 510 510 510 510	umrelated business taxable income computed from all umrelated trades or businesses (see instructions) 32 b paid for disallowed fringes 33 b paid for disallowed fringes 34 35 be contributions (see instructions for limitation rules) 34 35 c adduction (Generally \$1,000, but see line 38 maturctions for exceptions) 35 c adduction (Generally \$1,000, but see line 38 maturctions for exceptions) 36 c adduction (Generally \$1,000, but see line 38 maturctions for exceptions) 37 c as maller of zero or line 37 c as maller of zero or line 37 c as maller of zero or line 37 c as the schedule of form 100 (C mm 104) 40 c at mask of the schedule of form 100 (C mm 104) 41 c as the schedule of form 100 (C mm 104) 42 c at mature the schedule of form 100 (C mm 104) 42 c at mature the schedule of form 100 (C mm 104) 44 c at mask of the schedule of form 100 (C mm 104) 44 c at mask of the schedule of form 100 (C mm 104) 45 c at addiction (Gran 104) 45 c at addictions 44 c at

Form 990-T (2019) SOCIETY FOR TECHNICAL COMMUNICATION, INC

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	Page

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Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation 🕨 N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	r	6		
2 Purchases	2		7 Cost of goods sold. Su				
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)			property produced or a	cquired for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?				
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leased With Real Pr	oper	ty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued		3(a)Deductions direc	tly conn	ected with the income	in
 (a) From personal property (if the per rent for personal property is more 10% but not more than 50% 	than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	columns 2(a)	and 2(b)	(attach schedule)	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	2(a) and 2(b). En (A)	ter ►		0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	ot-Financed	I Income (see	instructions)				
			2. Gross income from	 Deductions directly control to debt-final 			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	ns)
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of cr 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals			►	(b .		0.
Total dividends-received deductions in							0.
				-		Form 990-T	(2010)

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Form 990-T (2019) SOCIETY	FOR	TECHNICAL	COMMUNICATION,	INC	31-4424296

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Ο.

Schedule F - Interest	, Annuitie	es, Royalties, a	nd Rents From O	Controll	ed Organiz	ations (see in	nstructior	าร)
			Exempt Controlled	Organizat	ions			
1. Name of controlled organi	zation	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		5. Part of column included in the colorganization's gros		ntrolling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations							
7. Taxable Income		nrelated income (loss) ee instructions)	9. Total of specified pa made	ayments	in the controlli	nn 9 that is includec ng organization's income		eductions directly connected h income in column 10
(1)								
(2)								
(3)								
(4)								
					Enter here and	nns 5 and 10. on page 1, Part I, olumn (A).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals				►		0	•	0.
Schedule G - Investm	nent Incol structions)	me of a Sectior	n 501(c)(7), (9), o	r (17) O	rganization			
1 . De	escription of inco	ome	2. Amount	of income	 Deduction directly conner (attach sched) 	cted 4. Se	t-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			Enter here an Part I, line 9,			•		Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

	,					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3), If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) EMAIL BLASTS	18,042.		18,042.			
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals •	18,042.	0.				0.
Schedule J - Advertisi	na Income (see i	nstructions)				

Þ

0

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) INTERCOM						
(2) MAGAZINE	18,667.	3,744.		30,131.	62,899.	
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	18,667.	3,744.	14,923.	30,131.	62,899.	
						Form 990-T (2019)

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Form 990-T (2019) SOCIETY FOR TECHNICAL COMMUNICATION, INC

31-4424296

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	or (loss) (col. 2 minus 5. Circulation 6. Readership col. 3). If a gain, compute income costs			
(1)							
(2)							
(3)							
(4)							
Totals from Part I	18,667.	3,744.					
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5) ►	18,667.	3,744.				14,923.	
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	structions)			
1. Name			2. Title	3. Percen time devote busines	ed to to	mpensation attributable unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

0.

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

ADVERTISING JOB POSTINGS

TO FORM 990-T, PAGE 1

					El	NTITY 1
SCH	IEDULE M	Unrelated Business	Тах	able Income	from an	OMB No. 1545-0047
(For	m 990-T)	Unrelated Tr	ade	or Business		
			uut			2019
		For calendar year 2019 or other tax year beginning		, and ending		
	ment of the Treasury	Go to www.irs.gov/Form990T form990T form990T form990T form990T	r instr	uctions and the latest	information.	Open to Public Inspection for
Interna	I Revenue Service	Do not enter SSN numbers on this form as it	t may b	e made public if your orga	nization is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization				Employer identifi	
		SOCIETY FOR TECHNICAL C		UNICATION, 1	NC 31-4424	4296
		Activity Code (see instructions)		<u></u>		
	Describe the unrelat	ed trade or business FTECHNICAL		MMUNICATION	JOURNAL	
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
_			<u> </u>			
	Gross receipts or					
-	Less returns and allo		1c			
2		d (Schedule A, line 7)	2			
3		ract line 2 from line 1c come (attach Schedule D)	3 4a			
			4a 4b			
	• • • • •	rm 4797, Part II, line 17) (attach Form 4797)	40 4c			
		ction for trusts	40			
5		a partnership or an S corporation (attach	_			
•			5			
6		edule C)	6			
7		anced income (Schedule E)	- 1			
8		, royalties, and rents from a controlled	8			
•		edule F) (17) (0) or (17)	8			
9		e of a section 501(c)(7), (9), or (17)	9			
10		edule G)	9 10			
10		activity income (Schedule I)	11	4,360.	30'	7. 4,053.
11 12		e (Schedule J)	12	4,5000	50	7. 4,055.
12 12		e instructions; attach schedule) nes 3 through 12	13	4,360.	30'	7. 4,053.
13						·
Par		ns Not Taken Elsewhere (See instruct			eductions.) (Dedu	ctions must be
	directly co	nnected with the unrelated business ir	icom	e.)		
14	Compensation of	officers, directors, and trustees (Schedule K)			1	14
15		25				15
16		enance				16
17						17
18		hedule) (see instructions)				18
19		s				19
20		ch Form 4562)			·····	
21		claimed on Schedule A and elsewhere on return			2	1b
22						22
23	Contributions to d	eferred compensation plans			2	23
24		programs				24
25		programe				25
26		o costs (Schedule J)				4,053.
27		(attach schedule)				27
28		Add lines 14 through 27				4,053.
29		s taxable income before net operating loss dedu				29 0.
30		operating loss arising in tax years beginning on (
				•	3	30 0.
31	,	s taxable income. Subtract line 30 from line 29				31
LHA		Reduction Act Notice, see instructions.				edule M (Form 990-T) 2019
	•	-				· ·

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) TECHNICAL						
(2) COMMUNICATION						
(3) JOURNAL	4,360.	307.		15,930.	34,926.	
(4)						
Totals (carry to Part II, line (5)) ►	4,360.					4,053.
Part II Income From Perio	dicals Report	ed on a Sepai	r ate Basis (For ea	ch periodical listed	d in Part II, fill in	

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	4,360.	307.			•	4,053.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).		Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5) 🕨	4,360.	307.				4,053.

923735 04-01-19

						ITITY 2
	IEDULE M	Unrelated Business	Tax	able Income f	rom an	OMB No. 1545-0047
(For	m 990-T)	Unrelated Tr	ade	or Business		
						2019
		For calendar year 2019 or other tax year beginning		, and ending		
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990T fo				Open to Public Inspection for 501(c)(3) Organizations Only
		Do not enter SSN numbers on this form as it	may b	e made public if your organ		
Name	of the organization	SOCIETY FOR TECHNICAL C	ОММ	UNICATION, IN	Employer identific	
	Inrelated Business	Activity Code (see instructions) 5 4180				
		ted trade or business WEBSITE A		RTISING		
						(0) 11 -
Par		Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or	sales				
b	Less returns and allo		1c			
2		d (Schedule A, line 7)	2			
3		ract line 2 from line 1c	3			
		come (attach Schedule D)	4a 4b			
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
		ction for trusts	4c			
5	. ,	a partnership or an S corporation (attach	_			
~			5			
6 7		edule C) anced income (Schedule E)	0 7			
8		, royalties, and rents from a controlled	_			
0		edule F)	8			
9		e of a section 501(c)(7), (9), or (17)	L.			
Ū		edule G)	9			
10		activity income (Schedule I)	10			
11		e (Schedule J)	11	12,195.		12,195.
12		e instructions; attach schedule)	12			
13	Total. Combine lin	nes 3 through 12	13	12,195.		12,195.
Par	+ II Deduction	ns Not Taken Elsewhere (See instruct	ions t	for limitations on dec	luctions.) (Deduc	ctions must be
		nnected with the unrelated business in				
14		officers, directors, and trustees (Schedule K)				
15						
16 17	B	tenance				
17 18		hedule) (see instructions)				
19		S				
20		ch Form 4562)			·····	<u> </u>
21		claimed on Schedule A and elsewhere on return			21	b
22						_
23	Contributions to d	leferred compensation plans			23	3
24		programs				4
25		penses (Schedule I)				5
26		o costs (Schedule J)				6
27	Other deductions	(attach schedule)				
28	Total deductions	Add lines 14 through 27				
29		s taxable income before net operating loss dedu			13 2	12,195.
30		operating loss arising in tax years beginning on o	or afte	r January 1, 2018 (see		
• •						10 105
<u>31</u>		s taxable income. Subtract line 30 from line 29				
LHA	For Paperwork F	Reduction Act Notice, see instructions.			Sche	dule M (Form 990-T) 2019

923741 01-28-20

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Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) WEBSITE						
(2) ADVERTISING	12,195.	0.				
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	12,195.	0.	12,195.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	12,195.	0.			•	0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).		Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5) 🕨	12,195.	0.				0.

					EN	ТІТҮ З
SCH	IEDULE M	Unrelated Business	Tax	able Income	from an	OMB No. 1545-0047
(For	m 990-T)	Unrelated Tr	ade	or Business		
			auc	or Dusiness		2019
		For calendar year 2019 or other tax year beginning		, and ending		
Departi	ment of the Treasury	Go to www.irs.gov/Form990T form	or instr	uctions and the latest i	nformation.	Open to Public Inspection for
Internal	I Revenue Service	Do not enter SSN numbers on this form as it	t may b	e made public if your orga	nization is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization				Employer identific	
		SOCIETY FOR TECHNICAL C		UNICATION, II	NC 31 - 4424	296
		Activity Code (see instructions)				
D	Describe the unrelat	ed trade or business	IRVE	Y		
Par	rt I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
			1			
	Gross receipts or s					
	Less returns and allo		1c			
2		d (Schedule A, line 7)	2			
3		ract line 2 from line 1c	<u> </u>			
		come (attach Schedule D)	4a			
		rm 4797, Part II, line 17) (attach Form 4797)	4b 4c			
	c Capital loss deduction for trusts					
5	5 Income (loss) from a partnership or an S corporation (attach					
6		edule C)	5			
7		anced income (Schedule E)	7			
8		, royalties, and rents from a controlled	_			
U		edule F)	8			
9		e of a section 501(c)(7), (9), or (17)	–			
Ū		edule G)	9			
10		activity income (Schedule I)	10	350.		350.
11		e (Schedule J)	11			
12		e instructions; attach schedule)	12			
13		nes 3 through 12	13	350.		350.
Der		ns Not Taken Elsewhere (See instruct	ione	or limitations on da	ductions) (Doduc	tions must be
Par		nnected with the unrelated business in				lions must be
				.,		
14	Compensation of	officers, directors, and trustees (Schedule K)				
15	Salaries and wage	9S				
16	Repairs and maint	enance				;
17						,
18	Interest (attach sc	hedule) (see instructions)				;
19		s				
20		ch Form 4562)				
21		claimed on Schedule A and elsewhere on return			211	
22						
23		eferred compensation plans				
24		programs				
25		penses (Schedule I)				
26		o costs (Schedule J)				
27		(attach schedule)				
28		Add lines 14 through 27				250
29		s taxable income before net operating loss dedu			e 13 29	350.
30		operating loss arising in tax years beginning on o				0.
24		s taxable income. Subtract line 30 from line 29				250
<u>31</u> LHA		Reduction Act Notice, see instructions.				Lule M (Form 990-T) 2019
ЦПА		10000000 ACT NOTICE, SEE INSTRUCTIONS.			Sched	iule M (F0111 990-1) 2019

923741 01-28-20

Form 990-T (2019) SOCIETY FOR TECHNICAL COMMUNICATION, INC 31-4424296 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 2. Employer identification **5.** Part of column 4 that is included in the controlling organization's gross income 3. Net unrelated income 4. Total of specified 6. Deductions directly 1. Name of controlled organization (loss) (see instructions) payments made connected with income in column 5 number (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments 11. Deductions directly connected with income in column 10 (see instructions) made (1) (2) (3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8. column (A). line 8. column (B). Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions 4. Set-asides 1. Description of income 2. Amount of income directly connected (attach schedule) and set-asides (attach schedule) (col. 3 plus col. 4) (1) (2)(3) (4) Enter here and on page Enter here and on page 1, Part I. line 9. column (A). Part I, line 9, column (B), Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross 5. Gross income from unrelated trade or 6. Expenses 1 Description of directly connected expenses (column

1. Description of exploited activity	unrelated business income from trade or business	with production of unrelated business income	business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from activity that is not unrelated business income	attributable to column 5	6 minus column 5, but not more than column 4).
(1) SALARY SURVEY	350.	0.	350.	0.	0.	
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals 🕒 🕨	350.	0.				0.
Schedule J - Advertisi	na Income (see i	nstructions)				

Advertising income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►						

923731 01-27-20

Form 990-T (2019)

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						ENT	ITY 4
SCH	EDULE M	Unrelated Business	Тах	able Income	e from an		OMB No. 1545-0047
(Fori	m 990-T)	Unrelated Tr					
		On elated T	auc	or Dusines.	5		2019
		For calendar year 2019 or other tax year beginning		, and ending			2013
	nent of the Treasury	Go to www.irs.gov/Form990T form990T	or instr	uctions and the lates	t information.		Open to Public Inspection for
Internal	Revenue Service	Do not enter SSN numbers on this form as it	t may b	e made public if your or	ganization is a 501(c)	(3).	501(c)(3) Organizations Only
Name	of the organization				Employer ide		
		SOCIETY FOR TECHNICAL C		UNICATION,	INC 31-44	242	96
		Activity Code (see instructions) 54180					
D	escribe the unrelat	ted trade or business ► EMPLOYMEN	T J	OB POSTINGS			
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or	sales 14,835.					
	Less returns and allo		1c	14,835			
		d (Schedule A, line 7)	2				
		ract line 2 from line 1c	3	14,835	•		14,835.
		come (attach Schedule D)	4a				
		rm 4797, Part II, line 17) (attach Form 4797)	4b				
с	Capital loss deduc	ction for trusts	4c				
		a partnership or an S corporation (attach					
	statement)		5				
6	Rent income (Sch	edule C)	6				
7	Unrelated debt-fin	anced income (Schedule E)	7				
		, royalties, and rents from a controlled					
		edule F)	8				
		e of a section 501(c)(7), (9), or (17)					
		edule G)	9		_		
		activity income (Schedule I)	10				
		e (Schedule J)	11				
		e instructions; attach schedule)	12 13	14,835			14,835.
		nes 3 through 12					
Par		ns Not Taken Elsewhere (See instruct			deductions.) (De	ducti	ons must be
	directly co	nnected with the unrelated business ir	ICOL	e.)			
14	Compensation of	officers, directors, and trustees (Schedule K)				14	
		95				15	
		tenance				16	
17						17	
18	Interest (attach sc	hedule) (see instructions)				18	
19	Taxes and license	s				19	
20	Depreciation (atta	ch Form 4562)					
		claimed on Schedule A and elsewhere on return				21b	ļ
						22	
23	Contributions to d	leferred compensation plans				23	
24	Employee benefit	programs				24	
		xpenses (Schedule I)				25	<u> </u>
		o costs (Schedule J)				26	<u> </u>
		(attach schedule)				27	<u>م</u>
		Add lines 14 through 27				28 29	14,835.
		operating loss arising in tax years beginning on a				23	11,000
		operating loss ansing in tax years beginning on				30	0.
	,	s taxable income. Subtract line 30 from line 29				31	14,835.
-		Reduction Act Notice, see instructions.					le M (Form 990-T) 2019
	-						· ·

Form 990-T (2019)								Page 3
			MMUNICATION, I		31-442	429	6	
Schedule A - Cost of Good	s Sold. Enter	method of inver						
1 Inventory at beginning of year			6 Inventory at end of yea			6		
2 Purchases	2		7 Cost of goods sold. S	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here		,			
4a Additional section 263A costs			line 2			7		
(attach schedule)			8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)			property produced or		, , , ,			
5 Total. Add lines 1 through 4b			the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	pert	/)	
1. Description of property								
(1)								
(2)								
(3)								
(4)	2. Rent receiv	ed or accrued			1			
		3(a) Deductions directly	/ connec	ted with the income i	in			
 (a) From personal property (if the per rent for personal property is more 10% but not more than 50% 	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	age			attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En 1 (A)	iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb			instructions)					
			2. Gross income from	 Deductions directly connected with or allocable to debt-financed property 				
1. Description of debt-fir	anced property		or allocable to debt- financed property	(a)	Straight line depreciation	<u> </u>	(b) Other deduction	
			infanced property		(attach schedule)		(attach schedule)	
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(1	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	tions dumns
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions in	cluded in columr	18		·		•		0.
							Form 990-T	(2019)

ENTITY 4

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Form	2220

Underr	avment c	of Estimat	ted Tax	hy Cor	porations
Ollacit	ayment c	n Lətimai	LEU I an		porations

OMB No. 1545-0123

Internal Revenue Service

	Attach to the corporation's tax return.	FORM
►	Go to www.irs.gov/Form2220 for instructions and the latest	information.

FORM 990-T

2019

Name										Employer id	entification nu	ımber
	SOCIETY	FOR	TECHN	IICAL	CO	MMUNIC	ATION	, INC		31-	-442429	6
						/			 	 		

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I	Required Annual Payment

1 Total tax (see instructions)			1	8,769.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a			
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term				
contracts or section 167(g) for depreciation under the income forecast method	2b			
c Credit for federal tax paid on fuels (see instructions)	2c			
d Total. Add lines 2a through 2c			2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corpor	ration			
does not owe the penalty			3	8,769.
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax i	s zero			
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 $_{\dots}$			4	4,192.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip lir	ne 4,			
enter the amount from line 3			5	4,192.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the	ne corp	oration must file Form 22	220	

even if it does not owe a penalty. See instructions.

6	The corporation is using the adjusted seasonal installment method.

The corporation is using the annualized income installment method. 7

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/19	06/15/19	09/15/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	1,048.	1,048.	1,048.	1,048.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	3,195.			
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		2,147.	1,099.	51.
13	Add lines 11 and 12	13		2,147.	1,099.	51.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	3,195.	2,147.	1,099.	51.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17				997.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	2,147.	1,099.	51.	
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	V if th	ere are no entries on lin	ie 17 - no penalty is owe	d.	
1.1.1	A Ear Daparwork Doduction Act Nation and congress inst	runtin				Earm 2220 (2010)

LHA For Paperwork Reduction Act Notice, see separate instructions. Form **2220** (2019)

912801 01-14-20

FORM 990-T

Form 2220 (2019)

Part IV Figuring the Penalty

			(a)	(b)	(C)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the date shown on line 19	20				
1	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21				
2	Underpayment on line 17 x Number of days on line 21 x 6% (0.06) 365	22	\$	\$	\$	\$
3	Number of days on line 20 after 06/30/2019 and before 10/1/2019 \dots	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25				
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) 365	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27	SEI	E ATTACHED V	ORKSHEET	
8	Underpayment on line 17 x Number of days on line 27 x 5% (0.05) \dots 366	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29				
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31				
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33				
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35				
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns					\$ 21

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2019)

912802 01-14-20

15591109 788028 13703.3AU01

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Numb	er
SOCIETY FO	R TECHNICAL	COMMUNICATION	, INC	31-4424	296
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
04/15/19	1,048.	-0- 1,048.			
04/15/19	-3,195.	-2,147.			
06/15/19	1,048.	-1,099.			
09/15/19	1,048.	-51.			
12/15/19	1,048.	997.	16	.000136986	2
12/31/19	0.	997.	136	.000136612	19
nalty Due (Sum of Colu					2:

* Date of estimated tax payment, withholding credit date or installment due date.

912511 04-01-19