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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

Internal	Revenue	Service	i ile oi	gamzation may have to u	se a copy of this return to s	satisty stat	e reporting	requirements	Inspection			
A Fo	or the 2	2009 calend	ar yea	r, or tax year beginning 0	1-01-2009 and ending 12	-31-2009		D Employer i	dentification number			
_		pplicable Plea		C Name of organization MYWIRELESSORG								
	dress ch	labe	IRS dor	Doing Business As				20-24041 E Telephone				
Name change print or type. See Specific							(202) 736	3880				
Instruc-				Number and street (or P O 1400 16TH STREET NW	box if mail is not delivered to str	eet address)	Room/suite	-	ts \$ 1,910,900			
	mınated		s.	1400 IOIH SIREEI NW					+ -,,			
☐ Am	nended r	return		City or town, state or count WASHINGTON, DC 20036	ry, and ZIP + 4							
M App	plication	pending		monimoron, se zeese								
				ne and address of princip	al officer		H(a) Is th	• ıs a group retı				
				EN M LARGENT L6TH STREET NW			affilia	ites?	ΓYes Γ Nο			
				INGTON, DC 20036			H(b) Are a	II affiliates inclu	uded?			
							If"N	o," attach a lis	st (see instructions)			
I Ta	x-exem	pt status 🗸	501(c)(4) ◀ (Insert no)	-7(a)(1) or 527		H(c) Grou	ıp exemption i	number ►			
J W	ebsite	www my	wirele	ss org								
K For	m of org	ganization 🔽 (Corporat	tion Trust Association	Other -		L Year of fo	rmation 2005	M State of legal domicile DC			
Pa	rt I	Summar	у									
Governance		TELECO M M LEGISLATIO	NIC	ATIONS, INCLUDING T	CATING WIRELESS CONS HOSE RELATING TO PUB	LIC SAFET	Y, TAXAT	ION, AND TH	E IMPACT OF			
26					body (Part VI, line 1a)				3			
Activities			-	-	the governing body (Part V)				4			
Ĕ				nployees (Part V , line 2a					5			
्य	6	Total numbe	rofvo	olunteers (estimate if nec	essary)				6			
	7a	Total gross	unrela	ted business revenue fro	m Part VIII, column (C), lır	ne 12 .			7a			
	b	Net unrelate	d busi	ness taxable income fror	n Form 990-T, line 34 .				7b (
						_	Pric	r Year	Current Year			
a)	8				.h)			5,710,500	1,901,000			
Rayenue	9	_	egram service revenue (Part VIII, line 2g)					30,596	0			
ξ	10				t VIII, column (A), lines 3, 4, and 7d) t VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				9,900			
	11 12		-		ust equal Part VIII, column	· · · · · · · · · · · · · · · · · · ·		0	0			
								5,741,096	1,910,900			
	13	Grants and	sımıla	ar amounts paid (Part IX,	column (A), lines $1-3$).			171,667	162,500			
	14	•			column (A), line 4)	- F		0	0			
82	15	Salaries, of 10)	herco	ompensation, employee b	enefits (Part IX, column (A), lines 5–		0	0			
Expenses	16a	•	al fund	Iraising fees (Part IX, col	umn (A), line 11e)			0	0			
흜	ь	Total fundrais	ıng exp	enses (Part IX, column (D), lin	e 25) ▶ 0	-						
ш	17				s 11a-11d, 11f-24f)			5,535,631	1,400,932			
	18	Total expe	nses /	Add lines 13–17 (must e	qual Part IX, column (A), lı	ne 25)		5,707,298	1,563,432			
	19	Revenue le	ssexp	penses Subtract line 18	from line 12			33,798	347,468			
\$ \$ \$ \$ \$								g of Current 'ear	End of Year			
Not Assets or Fund Balances	20	Total acco	د (D ع	rt X line 16)		_		3,448,290	3,830,609			
A B	21					F		49,094	83,945			
2 2 2 2 3	22				21 from line 20			3,399,196	3,746,664			
Pai	rt II	Signatu				<u> </u>		, ,	, ,			
					amined this return, including acco tion of preparer (other than office							
Sign		Signature	of office	ar.				11-08				
Here	c	'					Date					
				ENT PRESIDENT ne and title								
		Preparer's L			Date	Che	ck ıf	Preparer's idei	ntıfyıng number			
Paid		Preparer's signature Date Check if self-empolyed						(see instructions)				
	arer's	Firm's name (or your	s L PricewaterhouseCoopers	LLLP	Lenit	, ou r					
Use (if self-employed), address, and ZIP + 4						EIN ▶				
		,							Phone no 🕨 (202) 414-1000			

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

(Expenses \$

Total program service expenses►\$

THE MYWIRELESS ORG IS DEVOTED TO GRASSROOTS ADVOCACY EFFORTS TO IDENTIFY, EDUCATE AND PERSUADE MOBILE WIRELESS CONSUMERS TO CONTACT POLICYMAKERS ON WIRELESS TELECOMMUNICATION MATTERS THAT AFFECT THEM AS CONSUMERS TO ACCOMPLISH ITS MISSION THE ORGANIZATION MAINTAINS AN INFORMATIONAL WEBSITE DEDICATED TO WIRELESS TELECOMMUNICATION ISSUES, DEVELOPS A NETWORK OF BUSINESS, CIVIC AND OPINION LEADERS TO ADDRESS ISSUES IN WIRELESS TELECOMMUNICATIONS POLICY, MAINTAINS A BROAD COALITION OF CONSUMER ALLIES ORGANIZED AROUND COMMON GOALS AND RECRUITS CONSUMER ALLIES TO DISSEMINATE INFORMATION AND MAINTAIN A STRONG CONSUMER ACTIVIST MOVEMENT

Did the organization undertake any significant program services during the year which were not listed on

including grants of \$

1,437,768

	the prior Form 990	or 990-EZ?				Yes 🔽 No
	If "Yes," describe t	hese new services on Sch	edule O			
3	Did the organization services?	n cease conducting, or ma	ike significan	t changes in how it co		Yes ✓ No
	If "Yes," describe t	hese changes on Schedule	e O			
4	Section 501(c)(3)		ns and section	on 4947(a)(1) trusts	e largest program services by ex are required to report the amour service reported	•
4a	(Code) (Expenses \$	435,876	ıncludıng grants of \$	162,500) (Revenue \$)
	DATABASE IN 2009 AN COALITION PARTNERS PARTNERS AND WITH	ND MAINTAINED PAST THIRD PAI S AT THE END OF 2009 MYWIRE	RTY RELATIONSI ELESS ORG HAD COALITION PAR	HIPS WHILE ENLISTING TH WORKED ON LEGISLATIVE	A NUMBER OF NEW INDIVIDUAL WIRE E SUPPORT OF SEVERAL NEW NATIONA ISSUE EFFORTS WITH APPROXIMATEL ORE THAN THREE-QUARTERS OF A MI	AL AND STATE ORGANIZATION Y 150 STATE COALITION
4b	(Code) (Expenses \$	589,692	including grants of \$	0) (Revenue \$)
	MEDIA SOURCES ON		ONSUMERS IN \	ARIOUS STATES, REQUES	ONSUMER ACTIVISTS THROUGH MULTI TING THAT THEY CONTACT THEIR STAT ED POLICYMAKERS	
4c	(Code) (Expenses \$	412,200	ıncludıng grants of \$	0) (Revenue \$)
	ADVOCACY AND MED	IA SOURCES ON ISSUES AFFECT	ING WIRELESS (CONSUMERS FROM THE NA	UMER ACTIVISTS ACROSS THE COUNTR ATION'S CAPITAL, REQUESTING THAT T O THOSE NATIONAL ELECTED POLICYM	HEY CONTACT THEIR
44	Other program as	rusas (Dascriba in Schar	1la O \			

) (Revenue \$

Part IV	Checklist	of Red	uired	Sche	dules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		No
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Form	Form 990 (2009)					
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance					
				Yes	No	
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				

1a	of U.S. Information Returns. Enter -0- if not applicable					
		1a	12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend	fors and reportable	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	the y	ear covered by this	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sche	dule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sign over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, R Financial Accounts	.eport	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Ex Prohibited Tax Shelter Transaction?	kemp	t Entity Regarding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?	-		6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	atsuo •	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?	•		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services pro Did the organization sell, exchange, or otherwise dispose of tangible personal property			7b		
	file Form 8282?	٠.		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem •	iums on a personal	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8	899 a	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fil required?	e a F	orm 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) sup the supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?		ion, have excess	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter					
		10a				
b	facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	F-	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

WASHINGTON, DC 20036

(202) 736-3200

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 3			
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			-110
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the MICHAEL DONNELLAN 1400 16TH STREET NW	ie orga	ınızatıor	n 1 =

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) A verage hours	Posi	((:) ched	:ka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
STEPHEN M LARGENT BOARD CHAIRMAN	2 0	Х		Х				0	1,200,381	386,642
BOBBY FRANKLIN DIRECTOR	2 0	Х						0	502,005	55,665
JOT CARPENTER director	2 0	х						0	366,229	57,286
KIMBERLY KUO EXEC DIR/PRES(UNTIL 1/31/09)	38 0			Х				0	119,910	9,387
JOHN WALLS SEC(THRU-1/09)/PRES(BEG-2/09)	7 0			Х				0	412,371	58,463
STEWART SLAYTON TREASURER	2 0			Х				0	0	0
ANDREA WILLIAMS SECRETARY (AS OF 2/1/09)	2 0			Х				0	259,975	41,107

1b Total	0	2,860,871	608,550

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
720 STRATEGIES LLC 1111 19TH STREET NW SUITE 1180 WASHINGTON, DC 20036	WEB CONSULTANTS	258,036
REVOLUTION MEDIA GROUP 1090 VERMONT AVENUE NW WASHINGTON, DC 20005	MEDIA COMMUNICATION	272,575
GMMB 1010 WISCONSIN AVENUE NW WASHINGTON, DC 20007	ADVERTISEMENT AGENCY	431,520
MCGRATH MATTER ASSOCIATES INC 1500 BROADWAY NEW YORK, NY 10036	CONSULTANTS	124,323
WEBER JOHNSON PUBLIC AFFAIRS 235 EAST 6TH STREET ST PAUL, MN 55101	CONSULTANTS	110,000
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization ► 5

Page 8

Form 9								Page 9
Part \	<u> </u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# #	1a	Federated camp	paigns 1a					
를 <u>표</u>	ь	Membership due	es 1b	1,901,000				
S, G	c	Fundraising eve	nts 1c					
Contributions, gifts, grants and other similar amounts	d	Related organiza	ations 1d					
E, S	e	Government grants	(contributions) 1e					
rio er s	f	All other contributions similar amounts not	ns, gifts, grants, and 1f t included above					
音楽	g		butions included in					
벌	١.			▶	1,901,000			
O a	h	iotal. Add lines	1a-1f		1,901,000			
e E	2a			Business Code				
ever.	b							
Program Serwce Revenue								
7 ¥ 5	d							
R	e							
<u> </u>	f	All other progra	m service revenue					
š								
	3		2a-2f		0			
			ar amounts)	· ·	9,900			9,900
	4		tment of tax-exempt bond		0			
	5	Royalties		▶ ↑	0			
		[(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental incon	ne or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	'	from sales of assets other						
	١.	than inventory Less cost or						
	b	other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los:	s)		0			
in e	8a	Gross income fr events (not incl \$	udıng					
Other Revenue		of contributions See Part IV, line	reported on line 1c) e 18					
<u>∓</u>	Ь	Lace direct	a penses b					
₹	c		loss) from fundraising (events 📂	o			
	9a		om gaming activities e 19					
	ь		a penses b		0			
	10a	Gross sales of i		vities	· ·			
	ь	=	a oods sold b					
	С		loss) from sales of inve		0			
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	d	All other revenu	<u> </u>					
	e e		19 · · · · 11a-11d · · ·	<u></u>				
				· · · •	0			
	12	Total revenue.	See Instructions	▶[1,910,900			9,900

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	162,500	162,500		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	4,195	50	4,145	
С	Accounting	25,000		25,000	
d	Lobbying	0		,	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	638,228	638,228		
12	Advertising and promotion	437,260	437,260		
13	Office expenses	8,933	,	8,933	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	11,088		11,088	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		,	
19	Conferences, conventions, and meetings	34,702		34,702	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	20,648		20,648	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROMOTIONAL AND MARKETING	78,026	71,878	6,148	
b	SURVEYS	66,643	51,643	15,000	
c	EMAIL ACQUISITION	46,709	46,709		
d	NATIONAL MEMBERSHIPS	29,500	29,500		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,563,432	1,437,768	125,664	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	-,,,,,,,	_,,.30		<u> </u>
	campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of vear 100.098 100.206 1 1 Cash—non-interest-bearing 3,329,203 2 3,717,435 2 Savings and temporary cash investments 3 3 4 3.381 4 168 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 15.608 9 12,800 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 3,448,290 16 3,830,609 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 49.094 17 83.945 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 49,094 26 83,945 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 3,399,196 3,746,664 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 3,399,196 33 33 3,746,664 34 Total liabilities and net assets/fund balances 3,448,290 3,830,609 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** MYWIRELESSORG 20-2404168 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered res to rorm 33	l ·	
	Total number of code 6 cons	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pai	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of a	certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ted by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ation easement is located be	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments during the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts during the year 🕨 \$
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of se	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	he footnote to the organization's financi	
Par	Complete of the organization answered		, or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resea	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	the	r Similar As	sets (c	ontinued)
3		ng the organization's accession and othens (check all that apply)	r records, check any	ofth	ie foll	owing t	that are	a sıgnıfıca	ant us	se of its collec	tion	
а	Γ	Public exhibition		d	Γ	Loan	orexcha	nge prog	rams			
b	Scholarly research e Other											
c	Γ	Preservation for future generations										
4		vide a description of the organization's co : XIV	ollections and explai	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	☐ Yes	┌ No
Pa	rt IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form !	₹90,	
1a		he organization an agent, trustee, custod uded on Form 990, Part X?						other ass	ets n	ot	┌ Yes	┌ No
b	If"Y	es," explain the arrangement in Part XIV	/ and complete the t	follow	ıng ta	able		Г		Δ.	nount	
С	Pos	unning halance						-	1c		- Iount	
	_	linning balance						-	1d			
d		ditions during the year						}				
e •		tributions during the year						}	1e			
f		ling balance						L	1f			
2a		the organization include an amount on Fo		21?							│ Yes	☐ No
b		es," explain the arrangement in Part XIV				1 .03 *	-0 -	005		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Pa	rt V	Endowment Funds. Complete	f the organization (a)Current Year		were Prior \			orm 990, Years Back		t IV, line 10. Three Years Back	(e)Four V	'ears Back
1a	Bea	inning of year balance	(a)cancile real	(0)	, 1101	cui	(C) WO	. cars back	(4)	ee rears back	(C) Our 1	cars back
		ntributions							+			
c		estment earnings or losses							+			
d		nts or scholarships										
e	Oth	er expenditures for facilities programs										
f	Adn	ninistrative expenses										
g	End	of year balance										
2	Prov	vide the estimated percentage of the yea	r end balance held a	ıs								
а	Boa	rd designated or quasi-endowment 🕨	%									
Ь	Perr	manent endowment 🕨 %										
c	Terr	m endowment 🕨 %										
3a		there endowment funds not in the posses	ssion of the organiza	ation t	that a	re helo	d and ad	mınıstere	d for t	the	Yes	No
	(i) u	unrelated organizations			•					3a		
b		related organizations		d on S	ched	ule R?			٠	3a	(ii) b	
4		cribe in Part XIV the intended uses of th										
Pa	rt VI	Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.	T		
		Description of investment				a) Cost o sıs (ınve	or other estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land											
b	Build	ıngs										
c	Lease	ehold ımprovements										
d	Equip	oment										
е	Othe	r	<u> </u>									
		d lines to to (Column (d) about desiral Fo	000 Part V!	(E)	lim-	10/-11				-		

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	TXII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,910,900
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,563,432
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	347,468
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	347,468
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		·
1	Total revenue, gains, and other support per audited financial statements	1	2,743,118
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b 832,218		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	832,218
3	Subtract line 2e from line 1	3	1,910,900
4	A mounts 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 XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,910,900
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,395,650
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
b c	Other losses		
	· · · · · · · · · · · · · · · · · · ·		
с	Other losses	2e	832,218
c d e	Other losses 2c Other (Describe in Part XIV) 2d	2e 3	
c d	Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d		
c d e 3	Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d		
c d e 3	Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d		
c d e 3 4	Other losses		832,218 1,563,432

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

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

OMB No 1545-0047

2009

DLN: 93493312022280

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MYWIRELESSORG

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

Attach to Form 990

Employer identification number

20-2404168

Pa	General Information on Grants and Assistance	
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	he selection criteria used to award the grants or assistance?	

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to
	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use
	Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Taxpayers Union 108 North Alfred St ALEXANDRIA, VA 22314	521009116	501(c)(4)	15,000				General Support
Institute for Policy Innovation1660 S Stemmon LEWISVILLE,TX 75067	752158093	501(c)(3)	20,000				Support/Lobbying
Women impacting Public Policy31700 Middlebelt FARMINGTON HILLS, MI 48334	383610205	501(c)(6)	20,000				General Support
Hispanic Alliance for Progress Institute807 Brazos Street AUSTIN,TX 78701	200803586	501(c)(4)	20,000				General Support
National Black Chamber of Commerce1350 Connecticut Ave WASHINGTON, DC 20036	351889294	501(c)(3)	20,000				General Support
A mericans for Tax Reform 722 12th Street NW WASHINGTON, DC 20005	521403587	501(c)(4)	15,000				General Support
A merican for Prosperity2111 Wilson Blvd ARLINGTON,VA 22201	753148958	501(c)(4)	10,000				General Support
Citizens Against Government Waste1301 Pennsylvania Ave WASHINGTON,DC 20004	521363952	501(c)(3)	20,000				General Support
The Heritage Foundation214 Massachusetts Ave WASHINGTON, DC 20002	237327730	501(c)(3)	10,000				General Support
National Association of Neighborhoods1300 Pennsylvania Ave WASHINGTON,DC 20004	237148216	501(c)(3)	12,500				General Support

2	Enter total number of section 501(c)(3) and government organizations	5
3	Enter total number of other organizations	10

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered "Yes	" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PART I, LINE 2		MyWireless only provides grant and contribution assistance to organizations within the U.S. Annually MyWireless will evaluate an organization's mission to determine if it has the same goals and initiatives as MyWireless. Organizations deemed to be similar in mission will be considered for future funding. All grant assistance needs to be substantiated in accordance with the accounting policy and procedures manual. This policy requires 2 or 3 levels of approval depending on the amount involved. The criteria used to determine grantees' eligibility for grants or assistance awards requires recipient organizations to have the following. Organizational status of 501c(3), 501c(4) or 501c(6) Federal Employer Identification Number (EIN). Must be in good business standing Support groups who have like minded views on issues that impact their general membership. The selection criteria used to award grants or contributions is based on the MyWireless program goals.

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DLN: 93493312022280

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MYWIRELESSORG 20-2404168 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6b Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

			. ,		· ·			
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEPHEN M LARGENT	(1) (11)	0 900,381		- 1	0 331,078	-	′ı	0 0
JOHN WALLS	(I) (II)	0 328,259	1 01	0	0 31,204	1	0 470,834	0
BOBBY FRANKLIN	(I) (II)	0 369,442	0 132,563	0	0 30,237	0 25,429	0 557,671	0 0
JOT CARPENTER	(I) (II)	0 291,590	·	1 "1	0 31,076	_	′ı	0
ANDREA WILLIAMS	(I) (II)	0 216,336	· · · · · · · · · · · · · · · · · · ·	0 0	0 30,484	0 10,623	0 0 301,082	0
			1	<u> </u>		1	<u> </u>	
			<u> </u>	1		1	,	
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation					
SCHEDULE J, PART I, LINE 3		CTIA, A RELATED ORGANIZATION, PAYS THE COMPENSATION OF MYWIRELESS ORG'S OFFICERS AND DIRECTORS AS SUCH, THE REVIEW OF ALL EMPLOYEE COMPENSATION IS PERFORMED BY CTIA THE FOLLOWING ARE METHODS USED TO ESTABLISH COMPENSATION - BOARD CHAIRMAN - COMPENSATION COMPENSATION COMPENSATION SURVEY AND APPROVAL BY COMPENSATION COMMITTEE - EXECUTIVE DIRECTOR/PRESIDENT, SECRETARY AND DIRECTORS - COMPENSATION SURVEY AND AND/OR COMPENSATION COMMITTEE					
SCHEDULE J, PART I, LINE 4B		STEPHEN M LARGENT SUPPLEMENTARY NONQUALIFIED RETIREMENT PLAN FROM CTIA \$300,000					

Schedule J (Form 990) 2009

OMB No 1545-0047

2009

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

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

Supplemental Information to Form 990

Open to Public Inspection

Name of the organization MYWIRELESSORG

Employer identification number

20-2404168

ldentifier	Return Reference	Explanation
PART VI, LINE 4		THE MY WIRELESS ORG BY-LAWS WERE UPDATED TO STREAMLINE THE CORPORATE GOVERNANCE STRUCTURE OF THE ORGANIZATION THE CLASSES OF MEMBERSHIP WERE REDUCED TO ONE TO ALLOW FOR A SIMPLIFIED AND RESPONSIVE CORPORATE STRUCTURE
PART VI, LINE 6		THE MEMBERSHIP OF THE ORGANIZATION CONSISTS OF A FOUNDING MEMBER (CTIA) CTIA IS INTERESTED IN EDUCATING CONSUMERS ABOUT WIRELESS TELECOMMUNICATION ISSUES AND SHARES THE GOALS OF THE ORGANIZATION IN ADVOCATING PRO-CONSUMER WIRELESS POLICIES
PART VI, LINE 7A		THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP A FOUNDING MEMBER PURSUANT TO THE BY LAWS, THE FOUNDING MEMBER HAS THE RIGHT TO ELECT AND REMOVE DIRECTORS
PART VI, LINE 11A		THE MY WIRELESS ORG 2009 FORM 990 WAS PREPARED BY PRICEWATERHOUSECOOPERS AND REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE A COPY OF THE RETURN WAS PROVIDED TO MY WIRELESS ORG BOARD OF DIRECTORS AND OFFICERS ALL MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO REVIEW THE DOCUMENT ALL APPROPRIATE CHANGES WERE INCORPORATED IN THE FINAL FORM BEFORE SUBMISSION TO THE IRS
PART VI, LINE 12C		AT THE START OF EACH FISCAL YEAR, MYWIRELESS ORG SEEKS TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EMPLOYEES WITH DECISION-MAKING AUTHORITY OVER MYWIRELESS ORG ACTIVITIES DISCLOSE ANY SITUATION OR AREAS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A DISCLOSURE STATEMENT DETAILING ANY PROFESSIONAL, BUSINESS, OR VOLUNTEER POSITION OR RESPONSIBILITIES THAT MIGHT GIVE RISE TO CONFLICTS IN ADDITION, ANNUALLY MYWIRELESS ORG REQUESTS THAT EACH BOARD MEMBER DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO SERVING ON THE BOARD OF DIRECTORS WHEN CONFLICTS OR POTENTIAL CONFLICTS ARISE, THEY ARE EVALUATED BY THE GENERAL COUNSEL'S OFFICE WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY CONFLICTS ARE RESOLVED THROUGH COORDINATION WITH THE MYWIRELESS BOARD CHAIRMAN
PART VI, LINE 15A		CTIA, A RELATED ORGANIZATION PAYS THE COMPENSATION OF MY WIRELESS ORG'S BOARD CHAIRMAN, EXECUTIVE DIRECTOR, PRESIDENT, SECRETARY, AND DIRECTORS AS SUCH, THE REVIEW OF THE COMPENSATION IS PERFORMED BY CTIA THE FOLLOWING IS CTIA'S PROCESS FOR DETERMINING COMPENSATION CTIA'S COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF CTIA'S SENIOR MANAGEMENT THE COMMITTEE MEETS ANNUALLY AND CONSISTS OF UP TO SIX INDEPENDENT BOARD MEMBERS CTIA ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA FOR SIMILAR POSITIONS, ORGANIZATIONS AND INDUSTRY THE DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY SUBSTANTIATED BY THE APPROVAL OF MINUTES WITH THE TERMS OF THE CEO'S COMPENSATION BEING DETAILED IN AN EMPLOYMENT CONTRACT RESULTS OF THE COMPENSATION COMMITTEE ARE PROVIDED ANNUALLY TO THE BOARD OF DIRECTORS FOR EMPLOYEES OTHER THAN SENIOR MANAGEMENT, CTIA PERFORMS AN ANNUAL MARKET ANALYSIS TO DETERMINE IF COMPENSATION IS COMPARABLE TO SIMILAR POSITIONS, ORGANIZATIONS AND INDUSTRIES
PART VI, LINE 19		MY WIRELESS ORG MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO ITS MEMBERS, HOWEVER IT DOES NOT PROVIDE THIS INFORMATION TO THE GENERAL PUBLIC

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SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

MYWIRELESSORG

52-1347628

Employer identification number

20-2404168

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

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 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 501(c)(3))	(f) Direct controlling entity
THE WIRELESS FOUNDATION					
1400 16TH STREET NW	CHARITBL SUPT	DC	501(C)(3)	11, TYPE II	NA
WASHINGTON, DC 20036 52-1708229 CTIA THE WIRELESS ASSOCIATION					
1400 16TH STREET NW	TRADE ASSOCN	DC	501(C)(6)		NA
WASHINGTON, DC 20036					

(j)

General or

managing

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 (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

CII	ledule k (Form 990) 2009		Рa	age .
P	art V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.	.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Т
a	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
Ŀ	b Gift, grant, or capital contribution to other organization(s)	1b		N
c	c Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
c	d Loans or loan guarantees to or for other organization(s)	1d		N
•	e Loans or loan guarantees by other organization(s)	1e	Yes	
f	f Sale of assets to other organization(s)	1f		N
ç	g Purchase of assets from other organization(s)	1 g		N
ŀ	h Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
ŀ	k Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
r	m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	Т
r	n Sharing of paid employees	1 n	Yes	
				Т
c	Reimbursement paid to other organization for expenses	10		N
F	p Reimbursement paid by other organization for expenses	1 p		N
c	q Other transfer of cash or property to other organization(s)	1q		N
r	r Other transfer of cash or property from other organization(s)	1r		N
2	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 the	nresholds		
	(a)		(c)	
	Name of other organization Transaction type(a-r)	Amoun		/ed
1)				
2)				

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No