

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Annexisted return   Tameward street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to street address)   Towns and street (or PO box if mad is not delivered to	Second procession   Cart	A F	or the	2010 ca	alendar year, or tax year begin	ning 01-01-2010 and ending 12-31-20	10				
Manuse change   Indea return   In	Dough glustees As   Dough glustees As   Dough glustees As   Number of ording members of the governing body (Part VI, line 1a)   South of independent voting members of the governing body (Part VI, line 1a)   South ording members of the governing body (	B Ch	eck ıf a	pplicable	C Name of organization CTIA - THE WIRELESS ASSOCIAT:	ION		D Emp	loyer	identification number	
Terminated   Number and street (or F 0 box if mail is not delivered to street address)   Room/suite   Temporary   Tempora	Telephone number	☐ Ad	dress ch	hange	Doing Business As			52-:	1347	628	
Terminated	Terminated Minimated Human Application pending      Application pending	∏ Na	me cha	inge	Doing business As			E Telep	hone	number	
Amended return Application pending  F Name and address of principal officer STEPHENM LARGENT 1400 16TH STREET NW WASHINGTON, DC 20036  F Name and address of principal officer STEPHENM LARGENT 1400 16TH STREET NW WASHINGTON, DC 20036  I Tax-exempt status	City or town, state or country, and ZIP + 4   WASHINGTON, DC. 20036	∏ Ini	tıal retu	ırn		ıf mail is not delivered to street address)	Room/su	uite (202	2)73	6-3200	
Application pending  F Name and address of principal officer STEPHEN M LARGENT 1400 1GTH STREET NW WASHINGTON, DC 20036  I Tax-exempt status   Sol(c)(3)   Sol(c) (6)	Application pending  F Name and address of principal officer STEPHEN M LARGENT 1400 16TH STREET NW WASHINGTON, DC 20036  Tax-exempt status   Solic)(3)   Solic) (6)   (Insert no.)   4947(a)(1) or   527  Website:   WWW CTIA ORG  Torm of organization   Trusk   Association   Other   Learn of formation   1984   M State of legal domick   Depart   Summary  1 Briefly describe the organization's mission or most significant activities   CTIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA ADVOCATES BEFORE THE EXECUTIVE BRANCH, FCC, CONGRESS, & STATES ON BEHALF OF ITS MEMBERS  2 Check this box   Fifthe organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a) . 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Te	mınate	ed	1400 16TH STREET NW						
F. Name and address of principal officer   STEPHEN M LARCENT   1401 L6TH STREET NW   WA SHIRGTON, DC 20036	F   Name and address of principal officer   STEPHEN M LARGENT   1400 16TH STREET NW   WASHINGTON, DC 20036   Washington, DC 20036   If "No," attach a list (see instructions)   H(c)   Group exemption number   MSute of legal domaide   C   Form of organization   Form of organization   Trust   Association   Other   Legal domaide   C   C   C   C   C   C   C   C   C	☐ An	nended	return		nd ZIP + 4		— <b>G</b> Gross	s receip	ots \$ 79,792,596	
Tax-exempt status	STEPHEM M LARGENT   1400 16TH STREET NW   WASHINGTON, DC 20036	┌ Ap	plication	n pending	WASHINGTON, DC 20036						
STEPHEM M LARGENT 1400 15th STREET NW WASHINGTON, DC 20036    Tax-exempt status   Solic()(3)   Solic() (6)   (insert no.)   4947(a)(1) or   S27   Website:   WWW CTIA ORG   W Form of organization   Comporation   Trust   Association   Other   Learn of formation   1984   M State of legal domicile   Part   Summary	STEPHEN M LARGENT   1400 167H STREET NW   WASHINGTON, DC 20036				<b>F</b> Name and address of p	orincipal officer	H(a) Is	s this a group return	n for affil	ıates <sup>?</sup>	
WASHINGTON, DC 20036	Tax-exempt status										
Tax-exempt status	Website:					36	1 -				
Total comparison   Solicid   Soli	Website: ► WWW CTIA ORG  Form of organization										
Note	The most organization   Comporation   Trust   Association   Other   Lever of formation   1984   M State of legal domicile   Comporation   Trust   Association   Other   Lever of formation   1984   M State of legal domicile   Comporation   Co	I Ta	ax-exem	npt status	501(c)(3) 501(c)(6)	◀ (Insert no )		croup exemp		amber P	
Part   Summary	1 Briefly describe the organization's mission or most significant activities CTIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA ADVOCATES BEFORE THE EXECUTIVE BRANCH, FCC, CONGRESS, & STATES ON BEHALF OF ITS MEMBERS  2 Check this box ► if if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of volung members of the governing body (Part VI, line 1a)	J W	ebsit e	e: ► WW	/W CTIA ORG						
Part   Summary	1 Briefly describe the organization's mission or most significant activities CTIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA ADVOCATES BEFORE THE EXECUTIVE BRANCH, FCC, CONGRESS, & STATES ON BEHALF OF ITS MEMBERS  2 Check this box ► if if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of volung members of the governing body (Part VI, line 1a)	<b>K</b> For	m of or	ganızatıon	Corporation Trust Associa	ation Other ►	L Year	of formation 19	984	<b>M</b> State of legal domicile DC	
CTIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA	TIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA  ADVOCATES BEFORE THE EXECUTIVE BRANCH, FCC, CONGRESS, & STATES ON BEHALF OF ITS MEMBERS  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)					·			<u> </u>		
CTIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA	TIA REPRESENTS WIRELESS CARRIERS, THEIR SUPPLIERS, & WIRELESS DATA & INTERNET COMPANIES CTIA  ADVOCATES BEFORE THE EXECUTIVE BRANCH, FCC, CONGRESS, & STATES ON BEHALF OF ITS MEMBERS  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)		1	Briefly de	escribe the organization's mis	sion or most significant activities					
2 Check this box	2 Check this box		'	CTIA RE	PRESENTS WIRELESS CARE	RIERS, THEIR SUPPLIERS, & WIRELES					
Number of voting members of the governing body (Part VI, line 1a)	3 Number of voting members of the governing body (Part VI, line 1a)	ပ္သ	!	<u>ADVOC</u>	ATES BEFORE THE EXECUT.	IVE BRANCH, FCC, CONGRESS, & STA	IES ON B	EHALF OF II	SME	MBERS	
Number of voting members of the governing body (Part VI, line 1a)	3 Number of voting members of the governing body (Part VI, line 1a)										
Number of voting members of the governing body (Part VI, line 1a)	3 Number of voting members of the governing body (Part VI, line 1a)	<u>ş</u>									
### Number of independent voting members of the governing body (Part VI, line 1b)	Number of independent voting members of the governing body (Part VI, line 1b)	ŝ			•		of more th	an 25% of its	neta	assets ı	
Tal unrelated business revenue from Part VIII, column (C), line 12	7a   Total unrelated business revenue from Part VIII, column (C), line 12	න් ර					•		<b>-</b>	34	
Tal unrelated business revenue from Part VIII, column (C), line 12	7a   Total unrelated business revenue from Part VIII, column (C), line 12	Ě			•		•		<u> </u>	33	
Tal unrelated business revenue from Part VIII, column (C), line 12	7a   Total unrelated business revenue from Part VIII, column (C), line 12	돗							<b>-</b>	106	
B Net unrelated business taxable income from 990-T, line 34   7b   -378,8	B Net unrelated business taxable income from Form 990-T, line 34   7b   -378,84	ă			·	.,			-	246 221	
Prior Year   Current Year	8 Contributions and grants (Part VIII, line 1h)					, , , ,				· ·	
## Contributions and grants (Part VIII, line 1h)	8 Contributions and grants (Part VIII, line 1h)		"	ivet dille	Tated business taxable meoni	- Hom Form 330 1, mic 34 1 1		Prior Year		<u>'</u>	
9 Program service revenue (Part VIII, line 2g)	9 Program service revenue (Part VIII, line 2g)		8	Contri	butions and grants (Part VIII	line 1h)	_		299		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	₫								45,862,747	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Reven	10	-	,	, <del>-</del> .			$\overline{}$	2,359,769	
12)	12)		11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,	135	102,070	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12				ne	F2.004	252	57.002.526	
14 Benefits paid to or for members (Part IX, column (A), line 4)	14 Benefits paid to or for members (Part IX, column (A), line 4)		42								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 – 10)  16a Professional fundraising fees (Part IX, column (A), line 11e) 0  b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0  17 Other expenses (Part IX, column (A), lines 11a – 11d, 11f – 24f) 30,867,887 33,419,15  18 Total expenses Add lines 13 – 17 (must equal Part IX, column (A), line 25) 49,916,344 52,453,46							2,792,	_	2,666,955	
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	_					5-		-	0	
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       30,867,887       33,419,1         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       49,916,344       52,453,4         19       Revenue less expenses Subtract line 18 from line 12       3,175,008       5,440,0	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       30,867,887       33,419,15         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       49,916,344       52,453,46		12		es, other compensation, emplo	byee beliefits (Fart 1x, Column (A), illies	3-	16,256,	457	16,367,358	
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       30,867,887       33,419,1         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       49,916,344       52,453,4         19       Revenue less expenses Subtract line 18 from line 12       3,175,008       5,440,0	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       30,867,887       33,419,15         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       49,916,344       52,453,46		16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0	
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       30,867,887       33,419,1         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       49,916,344       52,453,4         19       Revenue less expenses Subtract line 18 from line 12       3,175,008       5,440,0	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       30,867,887       33,419,15         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       49,916,344       52,453,46		Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶ <u>0</u>					
<b>19</b> Revenue less expenses Subtract line 18 from line 12 3,175,008 5,440,0			17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24f)		30,867,	887	33,419,156	
	10 Devenue less expenses Cubtrest line 19 from line 13			Total	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)		49,916,	344	52,453,469	
Beginning of Current   Year   End of Year			19	Reven	ue less expenses Subtract lir	ne 18 from line 12				5,440,057	
1   1   1   1   1   1   1   1   1   1	Beginning of Current End of Year	\$ 8 \$ 6 \$ 8					Begii	_	ent	End of Year	
MGD 1	7.0 Total accets (Part V June 16)	100 m	20	Totala	assets (Part X, line 16)			220	98,119,246		
21 Total liabilities (Part X, line 26)	<u>gripav</u> rotarassets (nartin, illie 10)	춫						14,065,535			
22 Net assets or fund balances Subtract line 21 from line 20	20 rotal assets (Fait A, line 10)	žŽ	22	Net as	-	84,053,711					
Part II Signature Block	21 Total liabilities (Part X, line 26)	Pa	rt II	Sign	ature Block						
Part II Signature Block		Unde	20 21 22 rt III	Total a Total I Net as Sign Ities of pe	ue less expenses Subtract lin assets (Part X, line 16) liabilities (Part X, line 26) . ssets or fund balances Subtra lature Block erjury, I declare that I have exam	ne 18 from line 12	schedules a	3,175, nning of Curre Year 86,722, 12,346, 74,375,	220 560 660	5,440, End of Year 98,119, 14,065, 84,053, to the best of my	
	20 Total accets (Part V June 16)	See See	20	Totala	assets (Part X, line 16)		86,722,	220	98,119,246		
21   Total liabilities (Part X, line 26)	20 Total assets (Fait A, fille 10)	ž.			, , ,						
	20 Total liabilities (Part X, line 26)			660	84,053,711						
				_							
		know	ledge a	and belie							
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an			<b> </b>				2011-11-08			
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.  2011-11-08	Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.  2011-11-08			Signa	ature of officer			Date			
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.  2011-11-08	Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.  2011-11-08										
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.  Sign    2011-11-08	Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.    2011-11-08	_									
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.    2011-11-08	Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.  Signature of officer  Signature of officer  Stephen M Largent President/CEO					Preparer's signature	Date			PTIN	
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.    Sign	Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.    2011-11-08	Paid						employed	•	-	
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.    Sign	Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an incovered and information of which preparer has an				·					Firm's EIN	
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.    Sign	Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an incoverage.    Signature of officer			Fırm's ad	Idress • 1301 K STREET NW SUITE	800W				Phone no 🕨 (202) 414-	
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.    Sign	Signature Block   Signature Block   Signature Block   Signature Block   Signature Block   Signature Sof perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an inowledge.    Signature of officer   Date   Signature of officer   Date   Check if self-employed   Firm's name   PricewaterhouseCoopers LLP   Firm's EIN   PricewaterhouseCoopers LLP   Firm's address   1301 K STREET NW SUITE 800W   Phone no   (202) 414-		Only		WASHINGTON, DC 200053	333				1000	
Rinowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.    Sign	Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.  Signature of officer  Signature of officer  Date  Print/Type  Preparer's signature  Print/Type  Preparer's name  Firm's name  PricewaterhouseCoopers LLP  Firm's address  1301 K STREET NW SUITE 800W  Phone no (202) 414-1000	Мау	the IR	S discus	ss this return with the prepare	r shown above? (see instructions) .					

Form	n 990 (2010) Page <b>2</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
THE SUP ON	A-THE WIRELESS ASSOCIATION(R) IS AN INTERNATIONAL NONPROFIT MEMBERSHIP ORGANIZATION THAT REPRESENTS WIRELESS COMMUNICATIONS INDUSTRY MEMBERSHIP IN THE ASSOCIATION INCLUDES WIRELESS CARRIERS AND THEIR PLIERS, AS WELL AS PROVIDERS AND MANUFACTURERS OF WIRELESS DATA SERVICES AND PRODUCTS CTIA ADVOCATES THEIR BEHALF BEFORE THE EXECUTIVE BRANCH, THE FEDERAL COMMUNICATIONS COMMISSION, CONGRESS, AND STATE ULATORY AND LEGISLATIVE BODIES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE ASSOCIATION REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BEFORE CONGRESS, STATE LEGISLATURES, THE FEDERAL COMMUNICATIONS COMMISSION AND OTHER FEDERAL ADMINISTRATIVE AGENCIES, AND STATE ADMINISTRATIVE AGENCIES ON MATTERS OF PUBLIC POLICY, PRODUCT USAGE, AND OTHER ISSUES AFFECTING THAT INDUSTRY THE ASSOCIATION ALSO REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BY FILING AMICUS (OR "FRIEND-OF-THE-COURT") BRIEFS IN SUPPORT OF IMPORTANT WIRELESS INTERESTS
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4D	THE ASSOCIATION SPONSORS TWO ANNUAL CONVENTIONS AND EXPOSITIONS ONE OF THOSE MEETINGS, CTIA WIRELESS IS THE LARGEST AND MOST COMPREHENSIVE TRADE SHOW IN THE WIRELESS INDUSTRY, WITH AN ESTIMATED 1,200 EXHIBITING COMPANIES AND ATTENDANCE BY OVER 40,000 PROFESSIONALS FROM 125 COUNTRIES
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE ASSOCIATION ADMINISTERS THE COMMON SHORT CODES ("CSCS") FOR THE WIRELESS COMMUNICATIONS INDUSTRY AND FOR THE BENEFIT OF ALL MEMBERS OF THAT INDUSTRY IN THAT CAPACITY, THE ASSOCIATION ADMINISTERS A CATALOG OF CSCS, ASSIGNS CSCS CONTAINED IN THE CATALOG TO VARIOUS PARTIES WISHING TO USE THOSE CODES, AND MAINTAINS A REGISTRY OF WHICH CSCS HAVE BEEN ASSIGNED AND FOR WHAT PURPOSES, AND WHICH CSCS ARE AVAILABLE FOR ASSIGNMENT CSCS ARE ASSIGNED TO ADVERTISERS AND ADVERTISING AGENCIES, TELEVISION AND RADIO PROGRAMS, DIRECT MARKETING AGENCIES, AND OTHER CONTENT PROVIDERS THAT WISH TO RECEIVE TEXT MESSAGES FROM WIRELESS SUBSCRIBERS TO FACILITATE SUCH ACTIVITIES AS TELEVISION VOTING OR POLLING, INFORMATION REQUESTS, DIRECT RESPONSE MARKETING PROMOTIONS AND WIRELESS ADVERTISING ACTIVITIES INVOLVING THE USE OF CSCS ANNUALLY GENERATE COLLECTIVE REVENUES OF APPROXIMATELY \$2.3 BILLION FOR MEMBERS OF THE WIRELESS COMMUNICATIONS INDUSTRY ON MARCH 24, 2010 THE ASSOCIATION FORMED A WHOLLY OWNED SUBSIDIARY, LATAM CSCA, LLC THE PRIMARY PURPOSE FOR THIS ORGANIZATION IS TO CREATE A CENTRALIZED COMMON SHORT CODE ("CSC") REGISTRY FOR LATIN AMERICA THIS INITIATIVE WILL GREATLY BENEFIT BUSINESSES AND CONSUMERS, INSTEAD OF NEGOTIATING WITH AND COORDINATING THIS PROCESS AMONG MULTIPLE CARRIERS, COMPANIES AND ADVERTISERS NOW CAN SECURE A SHORT CODE CAPABLE OF RUNNING A UNIFIED CAMPAIGN ACROSS ALL OF LATIN AMERICA
	Other program services (Describe in Schedule O ) See also Additional Data for Description
	(Expenses \$ 0 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses▶\$ 0

Part IV	<b>Checklist of Required Schedules</b>	
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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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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? <i>If "Yes," complete Schedule D, Part II</i>	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		Νο
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 quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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, Parts I and IV	14b	Yes	
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, Parts II and IV	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, Parts III and IV.	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 (see instructions)	17		Νο
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		Νο
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
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		
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			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
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		No
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	Yes	
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)?	35	Yes	
а	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			
36	<b>Section 501(c)(3) organizations.</b> 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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 117			
h	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	4.	Yes	
	gaming (gambling) winnings to prize winners?	1c	res	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the			
ı_	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Ν
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the company to the complete of the company to t			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N
		5b		- IN
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	ОВ		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities Total (MAD)			
_	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	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			
c	Enter the amount of reserves on hand			
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Voc " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O	14a		IN

**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.

Charle of Cabadula O	contains a response to an	augetien in this Dart I/I					1.4
Check if Schedule O	contains a response to any	question in this Part VI					

Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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 governing documents since the prior Form 990 was	_		
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		N o N o
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	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	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 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▶DC			
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 Vpon 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL DONNELLAN
  1400 16TH STREET NW
  WASHINGTON,DC 20036
  (202) 736-3200

# 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

- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	•	elated o	rganı	zatio	on co	ompen	sate	ted any current officer, director, or trustee					
(A) Name and Title	(B) Average hours	Posi	tion ( that a	C <b>)</b> (che	ckal			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other			
	per week (describe hours for related organizations in Schedule O)	Individual trustee or 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			
See Additional Data Table													

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title		tion that a					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensatio from related		(F) Estima amount o compens	ated fother	
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099 MISC)	5	from t organizati relati organiza	:he on and ed
See /	Additional Data Table												
1b	Sub-Total							•					
С	Total from continuation shee	ets to Part VII, Se	ct ion A			•	•						
d	Total (add lines 1b and 1c)							<b>+</b>	5,091,765		0	Ġ	968,954
2	Total number of individuals (i \$100,000 in reportable comp						above	) who	received more tha	n			
_	Dod the construction had a see				1.							Yes	No
3	Did the organization list any <b>1</b> on line 1a? <i>If</i> "Yes," complete						mploy •		-	itea employee	3		Νο
4	For any individual listed on lir	ne 1a. is the sum o	f report	able	comi	pens	sation	and	other compensation	from the			

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο	
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				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

### **Section B. Independent Contractors**

1 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	<b>(C)</b> Compensation
GMMB 1010 WISCONSIN AVENUE NW WASHINGTON, DC 20007	ADVERTISEMENT AGENCY	9,222,558
NIELSEN MOBILE 24149 NETWORK PLACE CHICAGO, IL 60673	CONSULTANTS	2,847,409
WIRELESS MEDIA CONSULTING INC 12700 FAIR LAKES CIRCLE STE 160 FAIRFAX, VA 22033	CONSULTANTS	1,200,570
FREEMAN PO BOX 650036 DALLAS, TX 75265	EXPOSITION MGMT	1,160,957
WILEY REIN LLP 1776 K STREET NW WASHINGTON, DC 20006	CONSULTANTS	759,661
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Form 99		2010) Statement of Reven					Pag	ge <b>9</b>
Parcy	,	Statement of Reven	ue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or
grants ounts		Federated campaigns Membership dues	1a . 1b	9,568,940				514
Contributions, gifts, grants and other similar amounts	d	Fundraising events						
nd other s		All other contributions, gifts, grants similar amounts not included above Noncash contributions included in li	e					
		<b>Total.</b> Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	9,568,940			
ıce Reven		ANNUAL CONVENTION  CERTIFICATION  CTIA ORG		900099 515100 541800	17,378,249 5,778,238 25,502	17,219,864 5,778,238		
Program Service Revenue	e	WIRELESS INTERNET DIRECTORY  CSC PROGRAM  All other program service re	venue	541800	18,400 22,662,358		18,400	
Ş.		Total. Add lines 2a-2f Investment income (including			45,862,747			
	_	and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		1,846,477 0 0		44,034	1,802,443
	b c	Gross Rents Less rental expenses Rental income or (loss)	(ı) Real	(II) Personal				
-		Gross amount from sales of assets other than inventory	(1) Securities 22,412,362	(II) O ther				
	c	Less cost or other basis and sales expenses Gain or (loss)	21,897,566 514,796	1,504 -1,504				
en Le		Net gain or (loss)  Gross income from fundraisi (not including  \$			513,292			513,29
Other Revenue		of contributions reported on See Part IV, line 18	a					
5	c 9a		ndraising events		0			
-	с	Net income or (loss) from ga Gross sales of inventory, les		b	0			
		Less cost of goods sold .  Net income or (loss) from sa			0			
-	11a	MISCEllaneous Revenue  MANAGEMENT FEES  PRODUCT SALES		Business Code 900099 900099	66,000			
	c	OTHER INCOME FROM SUBSIDIARIES All other revenue	<u> </u>	900099	16,000	16,000		
	e	Total. Add lines 11a-11d  Total revenue. See Instructi			102,070			
	•		- · ·		57,893,526	45,762,530		2,315,73

	990 (2010)				Page <b>10</b>
	Section 501(c)(3) and 501(c)(4) organizations mus				
	l other organizations must complete column (A) but are not required to c	omplet e column	s (B), (C), and (B)	(D).   (C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,666,955			
	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
	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			
	Compensation of current officers, directors, trustees, and key employees	6,060,722			
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
	Other salaries and wages	8,141,394			
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	575,317			
	Other employee benefits	927,151			
10	Payroll taxes	662,774			
а	Fees for services (non-employees) Management	0			
	Legal	88,706			
	Accounting	124,843			
	Lobbying	6,108,895			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	76,871			
	Other	1,204,640			
_	Advertising and promotion	0			
	Office expenses	429,662			
14	Information technology	235,733			
15	Royalties	0			
	Occupancy	1,618,539			
	Travel	508,688			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,170,553			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,745,700			
23	Insurance	414,285			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PUBLIC POLICY	11,155,980			
b	CREDIT CARD/BANK FEES	277,826			
c	DUES & SUBSCRIPTIONS	152,942			
d	CSC MONITORING	3,898,135			
e	OTHER EXPENSES	207,158			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	52,453,469	0	0	0
	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
f 25 26	All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here First following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	,		0	

Part X Balance Sheet (A) (B) Beginning of year End of year 83.008 183,683 1 31,137,376 2 25,868,340 2 3 3 2,904,194 3,737,379 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges . . . . 1,106,584 1,439,288 10a Land, buildings, and equipment cost or other basis Complete 4.186.258 10a Part VI of Schedule D ь Less accumulated depreciation . . . . . 10b 2.963.571 1,221,418 **10c** 1,222,687 50.980,463 34.336.989 11 11 15,929,879 14,686,233 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,772 15 1,173 15 16 86,722,220 16 98,119,246 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4.004.812 17 4,156,523 17 Accounts payable and accrued expenses . 18 18 7.547.901 19 6.428.798 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 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 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 1,912,950 25 2,361,111 Other liabilities Complete Part X of Schedule D . . . . . 26 12,346,560 26 14.065.535 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 74.375.660 27 84.053.711 Unrestricted net assets . . . . . Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 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 ¥ 74,375,660 33 84,053,711 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 86,722,220 98,119,246

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57.8	393,52
2	Total expenses (must equal Part IX, column (A), line 25)	2 52,453,46			
3	Revenue less expenses Subtract line 2 from line 1	3		5,4	140,05
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		74,3	375,660
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4,2	237,99
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		84,0	53,71
Pai	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
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 is on a separate basis, consolidated basis, or both	sued			
	☐ Separate basis ☐ Both consolidated and separated basis				
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		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3Ь		

### Enm 8453-EO

### **Exempt Organization Declaration and Signature for Electronic Filing**

O	ur i	40. °	1540	)-1B	"	•
	-				_	_

For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_

Department of the Tressury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back. Name of exempt organization

Employer identification number

52-1347628

Part I	Type of Return and Return Information (Whole Dollars Only)	

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-) If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	57893526.
2a	Form 990-EZ check here   Total revenue, if any (Form 990-EZ, line 9)	2b .	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here by b Tax based on investment income (Form 990-PF, Part VI, Ine 5)	4b	
5a	Form 8868 check here ▶ b Balance due (Form 8868, line 3c)	5b	·

Part II	Declaration	of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds
 withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the
organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment,
I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement)
date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential
information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Styhen	m.	Largent	_
Signature of			

CTIA - THE WIRELESS ASSOCIATION

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature		Date # 7 201	Check if also paid preparer	Check if self-	ERO'S SSN or PTIN P00369623
Use	Firm's name (or	PRICEWATERHOUSECO				EIN 13-4008324
Only	yours if self-employed),	1301 K STREET NW,	SUITE 800W			1
	address, and ZIP code	WASHINGTON		DC 2	0005-3333	Phone no. 202-414-1000
		hat I have examined the above				and to the best of my knowledg

	Print/Type preparer's name	Preparer's signature	Date	Check rf PTIN
Paid	<u> </u>			self-employed
Preparer's	Firm's name	Firm's EIN		
Use Only	Firm's address ▶			Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA DE1675 0 060

Form 8453-EO (2010)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493312024551

### Political Campaign and Lobbying Activities OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

55,000

Department of the Treasury Internal Revenue Service

P 1

2

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	Employer identification number
CTIA - THE WIRELESS ASSOCIATION	
	52-1347628
art I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.
	·

3	Volunteer hours		
ar	t I-B Complete if the organization is exempt under section 501(c)(3).		
	Enter the amount of any excise tax incurred by the organization under section 4955	<b>•</b>	\$
,	Enter the amount of any excise tax incurred by organization managers under section 4055	<b>.</b>	<b>*</b>

Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ┌ No

┌ No 4a Was a correction made?

If "Yes." describe in Part IV h

Political expenditures

	,			
Par	t I-C Complete if the organization is exempt under section 501(c) except section	n 50	1(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	•	\$	0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	<b>.</b>	\$	55,000
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	F	\$	55,000

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION	1580 LINCOLN ST DENVER, CO 80203	13-4220019	25,000	
(2) REPUBLICAN STATE LEADERSHIP COMMITTEE	1800 DIAGONAL ROAD ALEXANDRIA,VA 22314	05-0532524	25,000	
(3) OHIO REPUBLICAN PARTY	900 90TH ST NW 8TH FLOOR WASHINGTON, DC 20006	31-4290310	5,000	

Did the filing organization file Form 1120-POL for this year?

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns			ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	om 550 or 550 EL/L010		ı aye
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
ь	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	+ TH-A. Complete if the organization is exempt under section $501(c)(A)$ section	E01/c	\/ <b>E</b> \_c	r caction

# 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	

С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		

4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and
	political expenditure next year?
5	Taxable amount of lobbying and political expenditures (see instructions)

### Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

<b>Ident if ier</b>	Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 2		CTIA GIVES TO THE FOLLOWING ORGANIZATIONS DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION -
		\$25,000, REPUBLICAN STATE LEADERSHIP COMMITTEE - \$25,000, OHIO REPUBLICAN PARTY - \$5,000 THE TOTAL
		AMOUNT OF WHICH EQUALS \$55,000

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493312024551

OMB No 1545-0047

SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization CTIA - THE WIRELESS ASSOCIATION 52-1347628 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Organizations Maintaining Co	llections of Ar	t, His	tori	cal Tr	<u>easu</u>	ires, or C	the	r Similar <i>F</i>	sset	<b>S</b> (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	owing t	that ar	e a significa	ant u	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexcl	hange prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the c	organizatior	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	ΓY	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions o	or other ass	ets i	not	ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			moun	nt	
С	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						-	1f				
		orm 000 Boot V I	212				L				· ec	┌ No
2a L	Did the organization include an amount on Fo		ie 21 '							, 1	CS	1 140
	If "Yes," explain the arrangement in Part XIV <b>t V Endowment Funds.</b> Complete i		n and	wor	ad "Va	c" +o 1	Form 000	Dan	+ I\/ lino 1(	1		
FG	Endowment Funds. Complete	(a)Current Year		)Prior			o Years Back		Three Years Bac		our Ye	ears Back
1a	Beginning of year balance		ì					<del>                                     </del>		1		
ь	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	ıdmınıstere	d for	the			
	organization by	3									Yes	No
	(i) unrelated organizations							•		a(i)		
_	(ii) related organizations							•	· · · -	a(ii)		
	If "Yes" to 3a(II), are the related organizatio	•						•	· · · L	3b		
4 Dar	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings					00 Dr	art V lina	10				
rell	t VI Investments—Land, Buildings	s, and Equipme	:11t. 5						(a) As			
	Description of investment				) Cost or is (inves		(b)Cost or o		(c) Accumulat depreciation		( <b>d)</b> Bo	ok value
<b>1a</b> l	and		•							_		
b i	Buildings		•							$\perp$		
	_easehold improvements						143	3,988	61	.229		82,759
<b>c</b> l				_			<del> </del>					
	Equipment		•				4,042	2,270	2,902	342	:	1,139,928
d i	Equipment	<u> </u>					,	2,270	2,902	342		1,139,928

Part VII Investments—Other Securities. Securities. Securities.		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests	<del></del>	
(3)0 ther (A) RCCLP & SQUARE 181, INC	14,686,233	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	14,686,233	
Part VIII Investments—Program Related. S		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	lung 15	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
	•	
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		
<b>Part X</b> Other Liabilities. See Form 990, Part 1 (a) Description of Liability		
<u>-                                    </u>	(b) A mount	
Federal Income Taxes	1 317 080	
RENTAL LIABILITIES ACCRUED COMPENSATION	1,317,080	
ACCROED COM ENSATION	1,044,031	
Table (Orbital (I) In II)		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>▶</b> 2,361,111	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	57,893,526
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,453,469
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,440,057
4	Net unrealized gains (losses) on investments	4	3,996,916
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	209,119
9	Total adjustments (net) Add lines 4 - 8	9	4,206,035
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	9,646,092
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	57,235,173
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	305,872
3	Subtract line <b>2e</b> from line <b>1</b>	3	56,929,301
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 76,871		
b	Other (Describe in Part XIV) 4b 887,354		
С	Add lines <b>4a</b> and <b>4b</b>	4c	964,225
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	57,893,526
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	<sub>1</sub>	51,505,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	204,468
3	Subtract line <b>2e</b> from line <b>1</b>	3	51,300,544
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 76,871		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,152,925
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	52,453,469
Pai	t XIV Supplemental Information	•	

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident if ier	Return Reference	Explanation
PART X, LINE 2		EFFECTIVE FOR THE YEAR ENDED DECEMBER 31, 2009, CTIA IS SUBJECT TO THE FINANCIAL ACCOUNTING RULES FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS PRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTABLE FOR THE FINANCIAL STATEMENTS OF TAX POSITIONS TAKEN ON CTIA'S TAX RETURN THE EVALUATION OF A TAX POSITION IS A TWO-STEP PROCESS THE FIRST STEP IS RECOGNITION CTIA DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION IN EVALUATING WHETHER A TAX POSITION HAS MET THE MORE-LIKELY-THAN-NOT RECOGNITION WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE SECOND STEP IN THE EVALUATION PROCESS IS MEASUREMENT A TAX POSITION THAT MEETS THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD IS MEASURED TO DETERMINE THE AMOUNT OF BENEFIT TO RECOGNIZE IN THE FINANCIAL STATEMENTS CTIA HAS REVIEWED ALL OF ITS TAX POSITIONS TAKEN ON TAX RETURNS AND HAS CONCLUDED THAT NONE OF THE TAX POSITIONS FALL ABOVE THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AS A RESULT, NO TAX LIABILITIES ARE RECORDED FOR THE YEARS ENDED DECEMBER 31, 2010 OR DECEMBER 31, 2009 RELATED TO THIS MATTER
PART XI, LINE 8		DEFERRED TAXES \$241,277 INCOME FROM SUBSIDIARIES \$172,310 EXPENSES FROM SUBSIDIARIES -\$204,468
PART XII, LINE 2D		INCOME FROM PAC \$168,609 INCOME FROM MYWIRELESS ORG \$3,701 MEDICA RECLASSIFICATION \$133,562
PART XII, LINE 4B		EQUITY IN SUBSIDIARY \$888,858 LOSS ON DISPOSAL OF FIXED ASSET -\$1,504
PART XIII, LINE 2D		EXPENSES FROM SUBSIDIARIES \$204,468
PART XIII, LINE 4B		AMORTIZATION EXPENSE \$1,209,616 MEDICA RECLASSIFICATION -\$133,562

DLN: 93493312024551

OMB No 1545-0047

2010

Open to Public **Inspection** 

## **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CTIA - THE WIRELESS ASSOCIATION **Employer identification number** 

					52-1347628	
Pai	<b>General Informatio</b> "Yes" to Form 990, Pa	<b>n on Activiti</b> rt IV, lıne 14b	es Outside tl	ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the	•		s to substantiate the	amount of the grants of	 or
	assistance, the grantees' elig					
	the grants or assistance?					⊤ Yes
	the grants of assistance					1 103 1 110
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the us	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )	1		
	(a) Region	( <b>b</b> ) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	South America	0	0	Program Services	CSC REGISTRY	416,412
	Sub-total	0	0			416,412
b	Total from continuation sheets to Part I					
с	Totals (add lines 3a and 3b)	0	0			416,412

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than			
	<b>a)</b> Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2	Enter total nun tax-exempt by	hber of reciple the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶		
3	Enter total number of other organizations or entities									

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

# Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ᅜ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

information.  Identifier	ReturnReference	Explanation
14011111101	T. G.	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493312024551 OMB No 1545-0047

**Inspection** 

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Employer identification number

CITA - THE WIRELESS ASSOCIATIO	) N					52-1347628	
Part I General Informatio	n on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain in the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sıstance <sup>?</sup>					✓ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	<b>(b)</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 gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50							23
3 Enter total number of other orga	nizations					<u> ▶ _</u>	9

Schedule I	(Form 990) 2010	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	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
SCHEDULE I, PART I, LINE 2		CTIA ONLY PROVIDES GRANT AND CONTRIBUTION ASSISTANCE TO ORGANIZATIONS WITHIN THE UNITED STATES ANNUALLY CTIA WILL EVALUATE AN ORGANIZATION'S MISSION TO DETERMINE IF IT HAS THE SAME GOALS AND INITIATIVES AS CTIA 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 SUPPORT GROUPS WHO HAVE LIKE MINDED VIEWS ON ISSUES THAT IMPACT THEIR GENERAL MEMBERSHIP FEDERAL
		EMPLOYER IDENTIFICATION NUMBER (EIN) MUST BE IN GOOD BUSINESS STANDING SUPPORT GENERAL CHARITABLE AND/OR EDUCATIONAL PURPOSES THE SELECTION CRITERIA USED TO AWARD GRANTS OR CONTRIBUTIONS IS BASED ON THE CTIA PROGRAM GOALS

Software ID: Software Version:

**EIN:** 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

(a) Name and address of organization or government	<b>(b)</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
AAPD1629 K STREET NW SUITE 950 WASHINGTON, DC 20006	52-1930174	501(C)(3)	10,000				GENERAL SUPPORT
AMERICAN FOUNDATION FOR THE BLIND2 PENN PLAZA SUITE 1102 NEW YORK, NY 10121	13-5562161	501(C)(3)	10,000				SPONSOR
AMERICAN LEGISLATIVE EXCHANGE COUNCIL1101 VERMONT AVE NW 11TH FLOOR WASHINGTON, DC 20005	52-0140979	501(C)(3)	20,000				GENERAL SUPPORT
BLOGGING WHILE BROWN 6001 W PARMER LN SUITE 370-122 AUSTIN,TX 78727	27-1408424		15,000				GENERAL SUPPORT
BLUE DOG RESEARCH FORUM325 7TH STREET NW SUITE 600 WASHINGTON, DC 20004	27-2429741	501(C)(4)	10,000				SPONSOR
BRNIEIGHT MEDICAL CTR DR MORGANTOWN,WV 26505	55-0771139	501(C)(3)	10,000				SPONSOR
CONGRESSIONAL BLACK CAUCUS FOUNDATION1720 MASS AVE NW WASHINGTON, DC 20036	52-1160561	501(C)(3)	17,500				GENERAL SUPPORT
E-911 INSTITUTE317 MASS AVE NE SUITE 200 WASHINGTON, DC 20002	20-0293876	501(C)(3)	20,000				GENERAL SUPPORT
GEORGETOWN UNIVERSITY 37TH O STREETS NW RAFIK B HARIRI BLDG WASHINGTON,DC 20057	53-0196603	501(C)(3)	50,000				GENERAL SUPPORT
INFORMATION TECHNOLOGY & INNOVATION FDN1101 K STREET NW SUITE 600 WASHINGTON, DC 20005	20-4403497	501(C)(3)	35,000				GENERAL SUPPORT
JOINT CENTER FOR POLITICAL AND ECONOMIC 1090 VERMONT AVE NW SUITE 1100 WASHINGTON, DC 20005	52-1069070	501(C)(3)	50,000				GENERAL SUPPORT
MINORITY MEDIA & TELECOMMUNICATIONS COUNCIL3636 16TH STREET NW SUITE B-366 WASHINGTON, DC 20010	52-1880677	501(C)(3)	30,000				GENERAL SUPPORT

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Part	: 11, Grants and	Other Assistance	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
MYELOMA RESEARCH FOUNDATION1316 ALEXANDRIA AVE ATTN LAURA RIZZO ALEXANDRIA,VA 22308	26-3835874	501(C)(3)	10,000				GENERAL SUPPORT
MYWIRELESSORG1400 16TH STREET NW SUITE 600 WASHINGTON, DC 20036	20-2404168	501(C)(6)	1,420,317				GENERAL SUPPORT
NATIONAL CONFERENCE OF STATE LEGISLATURES 444 N CAPITOL ST NW SUITE 515 WASHINGTON, DC 20001	84-0772595	501(C)(3)	155,980				SPONSOR
NATIONAL HISPANIC CAUCUS OF STATE LEGIS 444 N CAPITOL ST SUITE 404 HALL OF STATES BUILDING WASHINGTON, DC 20001	84-1168319	501(C)(3)	45,000				GENERAL SUPPORT
NATIONAL TAXPAYERS UNION108 N ALFRED ST ATTN SARA SALUPO ALEXANDRIA,VA 22314	52-1009116	501(C)(4)	40,000				GENERAL SUPPORT
NBC-LEO 1301 PENN AVE NW C/O MARY GORDON NATL LEAGUE OF CI WASHINGTON, DC 20004	53-0226780	501(C)(4)	10,000				GENERAL SUPPORT
NCSL CONFERENCE OF STATE LEGISLATURES7700 E 1ST PLACE SUITE 515 DENVER,CO 80230	84-0772595	501(C)(3)	80,000				SPONSOR
NDN729 15TH ST NW 2ND FLOOR WASHINGTON, DC 20005	20-2100126	501(C)(4)	25,000				GENERAL SUPPORT
NEW YORK LAW SCHOOL 185 WEST BROADWAY ROOM C405 NEW YORK, NY 10013	13-5645885	501(C)(3)	50,000				GENERAL SUPPORT
NOBEL WOMENPO BOX 7217 DENVER,CO 80207	95-4546966	501(C)(3)	30,000				SPONSOR
SAFE INTERNET ALLIANCE 1050 CONN AVE C/O JOY HOWELL TREASURER 10TH FLO WASHINGTON, DC 20036	26-4665353	501(C)(4)	15,000				GENERAL SUPPORT
STATE LEGISLATIVE LEADERS FOUNDATION 1645 FALMOUTH ROAD BUILDING D CENTERVILLE, MA 02632	23-7148478	501(C)(3)	53,625				GENERAL SUPPORT

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CONGRESSIONAL CLUB2001 NH AVE NW WASHINGTON, DC 20009	53-0050970	501(C)(7)	10,000	,			GENERAL SUPPORT
THE COUNCIL OF STATE GOVERNMENTSPO BOX 11910 LEXINGTON, KY 40578	36-6000818	501(C)(3)	17,500	1			GENERAL SUPPORT
THE FREE STATE FOUNDATIONPO BOX 60680 SUITE 1100 PATOMAC,MD 20859	74-3160646	5 501(C)(3)	45,000				GENERAL SUPPORT
THE HEARTLAND INSTITUTE19 SOUTH LASALLE STREET SUITE 903 CHICAGO,IL 60603	36-3309812	501(C)(3)	80,000				GENERAL SUPPORT
THE RIPON SOCIETY1300 L STREET NW SUITE 900 WASHINGTON, DC 20005	04-2370356	501(C)(4)	25,000	1			GENERAL SUPPORT
US CHAMBER OF COMMERCE2345 CRYSTAL DRIVE SUITE 550 ARLINGTON,VA 22202	53-0045720	501(C)(3)	15,000				GENERAL SUPPORT
UNIVERSITY OF PENNSYLVANIA LAW SCHOOL3400 CHESTNUT ST PHILADELPHIA, PA 19104	23-1352685	5 501(C)(3)	25,000				GENERAL SUPPORT
VOILA FOUNDATIONC/O TRILOGY PARTNERS 155 108TH AVENUE NE SUITE 450 BELLEVUE, WA 98004	27-1671865	5 501(C)(3)	10,000				GENERAL SUPPORT

**Compensation Information** 

DLN: 93493312024551

OMB No 1545-0047

Open to Public Inspection

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization CTIA - THE WIRELESS ASSOCIATION **Employer identification number** 

52-1347628

Pai	rt I Questions Regarding Compensati	ion			
				Yes	Νο
1a		provided any of the following to or for a person listed in Form III to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			1
	Travel for companions	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Health or social club dues or initiation fees			1
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		e organization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b	Yes	
2	•	to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executi	rive Director, regarding the items checked in line 1a?	2	Yes	<u> </u>
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	· · · · · · · · · · · · · · · · · · ·			
	Compensation committee	✓ Written employment contract			1
	✓ Independent compensation consultant	✓ Compensation survey or study			1
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplen	mental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity	r-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.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A , line 1a, did the organization pay or accrue any			
а	The organization?		5a		<u> </u>
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				1
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A , line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		<u> </u>
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A, line 1a, did the organization provide any non-fixed ," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII				
	subject to the initial contract exception described in Part III	d in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follows section 53 4958-6(c)?	the rebuttable presumption procedure described in Regulations	9		

### 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 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-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(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	
(1) STEPHEN M LARGENT	(I) (II)	900,288 0	225,000 0	0	332,052 0	60,525 0	1,517,865 0	(	
(2) MICHAEL ALTSCHUL	(1) (11)	431,854 0	150,000 0	0	32,052 0	34,627 0	648,533 0		
(3) BOBBY FRANKLIN	(I) (II)	369,991 0	135,000 0	0	30,844 0	27,475 0	563,310 0	(	
(4) ROCCO CARLITTI	(I) (II)	241,258 0	63,495 0	0	32,052 0	24,310 0	361,115 0	(	
(5) ROBERT MESIROW	(I) (II)	324,850 0	98,227 0	0	31,090 0	25,823 0	479,990 0	(	
(6) JOHN WALLS	(I) (II)	340,146 0	87,877 0	0	32,052 0	29,257 0	489,332 0		
(7) JOT CARPENTER	(I) (II)	301,969 0	77,980 0	0	32,052 0	28,042 0	440,043	(	
(8) DAVID DIGGS	(I) (II)	254,400 0	55,134 0	0	30,353 0	26,997 0	366,884 0	(	
(9) C GUTTMAN- MCCABE	(I) (II)	294,661 0	77,980 0	0	31,074 0	26,077 0	429,792 0	(	
(10) DANE SNOWDEN	(I) (II)	303,292 0	76,329 0	0	32,052 0	15,303 0	426,976 0	(	
(11) ROBERT ROCHE	(I) (II)	228,948 0	53,086 0	0	29,549 0	25,296 0	336,879 0	(	
(12)									
(13)									
( 14 )									
( 15 )									
( 16 )									

### 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,		ALL CTIA EMPLOYEES RECEIVE STANDARD LIFE INSURANCE COVERAGE ADDITIONALLY, ALL EMPLOYEES WITH THE TITLE VICE PRESIDENT AND
LINE 1A		ABOVE RECEIVE ADDITIONAL LIFE INSURANCE COVERAGE IN EXCESS OF THE STANDARD AMOUNT THIS ADDITIONAL LIFE INSURANCE IS
		CONSIDERED TAXABLE INCOME TO THE EMPLOYEE IN ORDER TO OFFSET THE TAX IMPACT ON THIS ADDITIONAL BENEFIT, CTIA USES THE
		"GROSS UP" METHOD TO COVER THE TAXES FOR THE EMPLOYEES ANNUALLY, THE ASSOCIATION PROVIDES THE PRESIDENT/CEO AN EXECUTIVE
		PERQUISITE THESE PERQUISITES INCLUDE AN ALLOWANCE WHICH CAN BE USED FOR PROFESSIONAL MEMBERSHIP, TAX AND ACCOUNTING
		SERVICES THE ASSOCIATION INCLUDES THESE PERQUISITES IN THE EMPLOYEE'S TAXABLE WAGES (W-2)
SCHEDULE J, LINE 4B		STEPHEN M LARGENT SECTION 457F NONQUALIFIED DEFERRED COMPENSATION ACCOUNT FROM CTIA \$300,000

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493312024551

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CTIA - THE WIRELESS ASSOCIATION

► Attach to Form 990 or 990-EZ.

**Employer identification number** 

52-1347628

ldentifier	Return Reference	Explanation
PART III, LINE 4D		THE ASSOCIATION ADMINISTERS SEVERAL PRODUCT TESTING AND CERTIFICATION PROGRAMS INCLUDING PROGRAMS RELATING TO CERTAIN TYPES OF NEW WIRELESS PRODUCTS AND BATTERIES USED FOR WIRELESS TELEPHONES THESE PROGRAMS TEST CONSUMER WIRELESS PRODUCTS FOR CONFORMANCE TO ESTABLISHED INDUSTRY STANDARDS THEY PROVIDE THE WIRELESS INDUSTRY WITH AN UNBIASED, INDEPENDENT AND CENTRALIZED PRODUCT EVALUATION SERVICE

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
PART VI, LINE 6		THE ORGANIZATION HAS TWO CLASSES OF VOTING MEMBERS WIRELESS CARRIER MEMBERS AND SUPPLIER MEMBERS EACH CLASS OF VOTING MEMBERS HAS TWO OR MORE MEMBERSHIP CATEGORIES CTIA MAY ALSO HAVE NON-VOTING ASSOCIATE MEMBERS WHOSE RIGHTS ARE DETERMINED BY CTIA'S PRESIDENT

ldentifier	Return Reference	Explanation
PART VI, LINE 7A		EACH WIRELESS CARRIER MEMBER AND SUPPLIER MEMBER, AND ITS MEMBER REPRESENTATIVE, SHALL HAVE THE RIGHT TO BE NOMINATED AND ELECTED BY THE MEMBERSHIP AND SERVE AS A MEMBER OF THE BOARD AND EXECUTIVE COMMITTEE EACH LARGE CARRIER, MID-SIZED CARRIER, AND LARGE SUPPLIER SHALL BE ENTITLED TO APPOINT ONE DIRECTOR TO THE BOARD, SMALL CARRIER MEMBERS CAN ELECT NO MORE THAN NINE DIRECTORS TO THE BOARD, AND OTHER SUPPLIERS CAN ELECT NO MORE THAN EIGHT DIRECTORS TO THE BOARD

ldentifier	Return Reference	Explanation	
PART VI, LINE 11B		THE CTIA 2010 FORM 990 WAS PREPARED BY PRICEWATERHOUSECOOPERS AND REVIEWED BY MANAGEMENT AND CTIA'S AUDIT COMMITTEE A COPY OF THE RETURN WAS PROVIDED TO CTIA'S 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 DRAFT BEFORE SUBMISSION TO THE IRS	

ldentifier	Return Reference	Explanation
PART VI, LINE 12C		AT THE START OF EACH FISCAL YEAR, CTIA SEEKS TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EMPLOYEES WITH DECISION-MAKING AUTHORITY OVER CTIA 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 CTIA 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 ASSOCIATION'S CEO, AND IF APPROPRIATE, CTIA'S BOARD CHAIRMAN

ldentifier	Return Reference	Explanation
PART VI, LINES 15A & B		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 KEY EMPLOYEES OF THE ORGANIZATION, CTIA PERFORMS AN ANNUAL MARKET ANALYSIS TO DETERMINE IF COMPENSATION IS COMPARABLE TO SIMILAR POSITIONS, ORGANIZATIONS AND INDUSTRIES

ldentifier	Return Reference	Explanation	
PART VI, LINE 19		CTIA 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	

ldentifier	Return Reference	Explanation
PART XI, LIN	Ē	NET UNREALIZED GAINS ON INVESTMENTS \$3,996,916 DEFERRED TAXES \$241,277 SPECTRUM CLEARINGHOUSE EXPENSES -\$199

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN M LARGENT TITLE PRESIDENT / CEO HOURS 4

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHILIP CHRISTOPHER TITLE DIRECTOR HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TONY HOLCOMBE TITLE DIRECTOR HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHNIE JOHNSON TITLE DIRECTOR HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK SHOCKLEY TITLE DIRECTOR HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL ALTSCHUL TITLE SENIOR V P AND GEN COUNCIL HOURS 2

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BOBBY FRANKLIN TITLE EXECUTIVE VICE PRESIDENT HOURS 2

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION		NAME JOHN WALLS TITLE VICE PRESIDENT, PUBLIC AFFAIRS HOURS 8

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOT CARPENTER TITLE VICE PRESIDENT, GOV'T AFFAIRS HOURS 2

DLN: 93493312024551

# SCHEDULE R (Form 990)

Department of the Treasury

### **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.

2010

Open to Public Inspection

Internal Revenue Service

Name of the organization
CTIA - THE WIRELESS ASSOCIATION

Employer identification number

52-1347628

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) CTIA INDEMNITY COMPANY LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 26-1442352	CAPTIVE INSUR	DC	1,124,046	7,167,195	NA
(2) CTIA SPECTRUM CLEARINGHOUSE LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 56-2615684	INFO CLRGHSE	DC	128,923	87,590	NA
(3) LATAM CSCA LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 27-2279624	CSC REGISTRY	DC	163,423	1,876	NA

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

Part II 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5: contr organi	rolled
						Yes	No
(1) THE WIRELESS FOUNDATION							
1400 16TH STREET NW	CHARITBL SUPT	DC	501(C)(3)	11, TYPE II	NA		
WASHINGTON, DC 20036 52-1708229							
(2) MYWIRELESSORG							
1400 16TH STREET NW	GRASRTS ADVOC	DC	501(C)(4)		NA		
WASHINGTON, DC 20036 20-2404168							

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Predominant income (related, unrelated, excluded from tax under sections 512-		(g) Share of end-of-year assets		Share of end-of-year		i) ortionate tions?			of managing partner?		<b>(k)</b> Percentage ownership
								Yes	No			Yes	No			
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,		
Name, address, an	(a) Id EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	(f) Share of total income		(f) e of total income Share of end-of-yea assets			<b>(h)</b> Percentage ownership		

r O ther transfer of cash or property from other organization(s)

hedule R (Form 990) 2010			Pag	ge <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization a	nswered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		T	Yes	No
f L During the tax year, did the orgranization engage in any of the following transactions with one or mo	re related organizations listed in Parts II-IV?	T		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	а		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	11:	۰ ر	Yes	
c Gift, grant, or capital contribution from other organization(s)	10	ΞT		No
<b>d</b> Loans or loan guarantees to or for other organization(s)	10	<b>a</b> 7	Yes	
e Loans or loan guarantees by other organization(s)	16	₽₩		No
		Т		
<b>f</b> Sale of assets to other organization(s)	1f	f		No
g Purchase of assets from other organization(s)	19	9		No
h Exchange of assets	11	nΤ		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	iΤ		No
		Т		
j Lease of facilities, equipment, or other assets from other organization(s)	1j	j 🕇		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	14	ĸŢ	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	11	工		No
m Sharing of facilities, equipment, mailing lists, or other assets	1r	m '	Yes	
n Sharing of paid employees	1r	n '	Yes	
• Reimbursement paid to other organization for expenses	10	寸		No
<b>p</b> Reimbursement paid by other organization for expenses	1;	pΤ		No
<b>q</b> Other transfer of cash or property to other organization(s)	10	٩Ť		No

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 thresholds
_	in the answer to any or the above is 1 cs,	see the mistractions for mismation on who mast complete this fine, merading covered relationships and transaction timesholds

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) MYWIRELESSORG	В	1,420,317	
(2) THE WIRELESS FOUNDATION	к	66,000	
(3) MYWIRELESSORG	М	171,859	
(4) THE WIRELESS FOUNDATION	М	171,418	
(5) MYWIRELESSORG	N	526,352	
(6) THE WIRELESS FOUNDATION	N	634,328	

No

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

<b>(a)</b> Name, address, and EIN of entity	(state or foreign partne country) section 501(c)(		ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General managi partne		
			Yes	No		Yes	No		Yes	No
									_	+
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#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Software ID:

**Software Version: EIN:** 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

#### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	MYWIRELESSORG	В	1,420,317	
(2)	THE WIRELESS FOUNDATION	К	66,000	
(3)	MYWIRELESSORG	М	171,859	
(4)	THE WIRELESS FOUNDATION	М	171,418	
(5)	MYWIRELESSORG	N	526,352	
(6)	THE WIRELESS FOUNDATION	N	634,328	

## Software ID: Software Version:

**EIN:** 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

### Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion ( hat a	(che	')			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
STEPHEN M LARGENT PRESIDENT / CEO	36 0	X		х				1,125,288	0	392,577
BRET COMOLLI TREASURER	1 0	X		х				0	0	0
RALPH DE LA VEGA CHAIRMAN	1 0	Х		х				0	0	0
DAN HESSE VICE CHAIRMAN	1 0	Х		х				0	0	0
PATRICK RIORDAN SECRETARY	1 0	Х		х				0	0	0
JIM BALSILLIE DIRECTOR	1 0	Х						0	0	0
MARTY BEARD DIRECTOR	1 0	Х						0	0	0
MATT BROSS DIRECTOR	1 0	Х						0	0	0
PHILIP CHRISTOPHER DIRECTOR	1 0	Х						0	0	0
ROBERT DAWSON DIRECTOR	1 0	Х						0	0	0
MARY DILLON DIRECTOR	1 0	Х						0	0	0
G EDWARD EVANS DIRECTOR	1 0	Х						0	0	0
ROBERT GELICK DIRECTOR	1 0	Х						0	0	0
TONY HOLCOMBE DIRECTOR	1 0	Х						0	0	0
PHILIPP HUMM DIRECTOR	1 0	Х						0	0	0
S DOUGLAS HUTCHESON DIRECTOR	1 0	Х						0	0	0
JEFF HWANG DIRECTOR	1 0	Х						0	0	0
JOHNIE JOHNSON DIRECTOR	1 0	Х						0	0	0
PEGGY JOHNSON DIRECTOR	1 0	Х						0	0	0
GREG KLIMEK DIRECTOR	1 0	Х						0	0	0
ANDREW LEES DIRECTOR	1 0	Х						0	0	0
CRAIG LEMASTERS DIRECTOR	1 0	Х						0	0	0
MARK LOUISON DIRECTOR	1 0	Х						0	0	0
DAN MEAD DIRECTOR	1 0	Х						0	0	0
BILL MORROW DIRECTOR	1 0	Х						0	0	0
MARK LOUISON DIRECTOR DAN MEAD DIRECTOR BILL MORROW	10	x						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and 1	ndepend	ent Co	ntr	acto	ors					
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
FJ POLLAK DIRECTOR	1 0	Х						0	0	0
ANGEL RUIZ DIRECTOR	1 0	Х						0	0	0
MARK SHOCKLEY DIRECTOR	1 0	Х						0	0	0
RONALD SMITH DIRECTOR	1 0	Х						0	0	0
EY SNOWDEN DIRECTOR	1 0	Х						0	0	0
DALE SOHN DIRECTOR	1 0	Х						0	0	0
CHARLES TO WNSEND DIRECTOR	1 0	Х						0	0	0
ROBERT VRIJ DIRECTOR	1 0	Х						0	0	0
WIRT YERGER III DIRECTOR	1 0	Х						0	0	0
MICHAEL ALTSCHUL SENIOR VP AND GEN COUNCIL	38 0				х			581,854	0	66,679
BOBBY FRANKLIN EXECUTIVE VICE PRESIDENT	38 0				Х			504,991	0	58,319
ROCCO CARLITTI VP, FINANCE AND ADMINISTRATION	40 0				Х			304,753	0	56,362
ROBERT MESIROW VICE PRESIDENT, OPERATIONS	40 0				Х			423,077	0	56,913
JOHN WALLS VICE PRESIDENT, PUBLIC AFFAIRS	32 0				Х			428,023	0	61,309
JOT CARPENTER VICE PRESIDENT, GOV'T AFFAIRS	38 0					Х		379,949	0	60,094
DAVID DIGGS VP, WIRELESS INTERNET DEV	40 0					Х		309,534	0	57,350
C GUTTMAN-MCCABE VP, REGULATORY AFFAIRS	40 0					Х		372,641	0	57,151
DANE SNOWDEN VP, EXTERNAL AND STATE AFFAIRS	40 0					Х		379,621	0	47,355
ROBERT ROCHE VICE PRESIDENT, RESEARCH	40 0					Х		282,034	0	54,845

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	ı services			
(Code	) (Expenses \$	0 including grants of \$	) (Revenue \$	)
CERTIFICATIONS	S - SEE SCHEDULE O			