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DLN: 93493088010632

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

25			5110C1 #CC11011 501(C), 5	benefit trust or private foundation)	oe code (except	DIECK IUNG	2010			
	ent of the Revenue S	•	►The organization may ha	ve to use a copy of this return to satisfy	state reporting	requirement	Open to Public Inspection			
A Fo										
	ck if ap		C Name of organization	nning 04-01-2010 and ending 03-31-20		D Employe	Employer identification number			
_	ress cha		GSMA LIMITED			20-499	1061			
┌ Nar	ne number									
[Inst										
_	minated		1000 ABERNATHY ROAD	if mail is not delivered to street address)	Room/suite	(678) 2	81-6600			
_	ended re		City or town, state or country, a	nd 710 ± 4		G Gross reco	eipts \$ 97,067,797			
_			ATLANTA, GA 30328	IIU ZIF + 4						
App										
			F Name and address of a	principal officer	H(a) is this a	group return for a	ffikates? Yes V No			
				OHN HOFFMAN OOO ABERNATHY ROAD SUITE 450 ITLANTA, GA 30328 H(b) Are all affiliates included If "No," attach a list 501(c)(3) 501(c) (6) 4 (Insert no) 4947(a)(1) or 527 H(c) Group examption no						
			ATLANTA,GA 30328							
		ot status								
. W										
		<u> </u>	Corporation Trust Associ	ation	L Year of for	mation 2006	M State of legal domicile (
Pa	rt I	Summ	lary			· - · · · · · · · · · · · · · · · · · ·				
Activities & Governance		heck this	box 🏲 If the organization	discontinued its operations or dispose:	of more than 2	5% of its net	t assets			
×6			•	arning body (Part VI, line 1a)		3	1			
<u>\$</u>			-		b) .	4	- 			
1			mber of independent voting members of the governing body (Part VI, line 1b)							
됳			tal number of volunteers (estimate if necessary)							
-			·	Part VIII, column (C), line 12		7a				
				e from Form 990-T, line 34		7b				
					Prior	Year	Current Year			
	8	Contribu	itions and grants (Part VIII	, line 1h)		0				
Ravenue	9	Program	service revenue (Part VIII		79,955,047	96,690,40				
8	10	Investm	ent income (Part VIII, colu		137,060	377,39				
-	11		venue (Part VIII, column (A	0						
	12	Total rev	97,067,79							
	13	•	and similar amounts paid (Pa	80,092,107						
	14		paid to or for members (Pai							
	15									
\$		10)								
Expenses	16a	Profession	onal fundraising fees (Part I	0)					
ਡੇ	ь	Total fundr	raising expenses (Part IX, column							
-	17	Otherex	openses (Part IX, column (A), lines 11a-11d, 11f-24f)		46,328,403	51,677,23			
	18		penses Add lines 13-17 (r		58,807,137	66,617,167				
	19	Revenue	less expenses Subtract li		21,284,970	30,450,63				
5 8					of Current	End of Year				
Assets or Balances	20	Total	cate /Dart V line 151	10 130 446						
4 H	21		tal assets (Part X, line 16)							
25	22		 							
Par			ets or fund balances Subtra			35,177,440	1 33,072,30.			
Under	d to the best of my n of which preparer has a									
Sign		Signatur	re of officer			12-03-27 e				
Here		JOHN H	OFFMAN CEO & BOARD OF DIREC	TORS						
			print name and title	— — — · · · · · ·						
		nnt/Type		Preparer's signature		heck if self-	PTIN			
Paid		reparer's na irm's name	PricewaterhouseCoopers LLP		e	mployed 🕨 🦳				
Prepa	rer L		•				Firm's EIN >			
Use O	1 1	irm's addres	ss 1301 K STREET NW STE 800	W			Phone no > (202) 414-			
			WASHINGTON, DC 2000533	33 r shown above? (see instructions) .			1000 ▼ Yes			



Form 990 (2010)

Accomplishments
Acc
Service
f Program Service A
t of F
Statement
Part III

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Diterry describe the digamzations mission	SMA LIMITED PROMOTES THE COMMON INTEREST OF GSMA'S MEMBERS IN VARIOUS MANNERS GSMA LIMITED'S PRIMARY	CTIVITY IS SPONSORING INTERNATIONAL TRADE SHOWS INCLUDING MOBILE WORLD CONGRESS AND MOBILE ASIA	
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	☐ Yes ☑ No	
ake any significant program services during the year which were not listed on	<u>*</u> L	V services on Schedule O
2 Did the organization undertake	the prior Form 990 or 990-EZ?	If "Yes," describe these new s

Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O Services

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 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

4a	(Code) (Expenses \$ MOBILE WORLD CONGRESS HELD IN BARCELONA) (Expenses \$ Includis HELD IN BARCELONA, SPAIN IN FEBRUARY 2011	including grants of \$ ARY 2011) (Revenue \$	
4 P	(Code) (Expenses \$ MOBILE ASIA CONGRESS HELD IN HONG KONG,) (Expenses \$ ELD IN HONG KONG, CHINA SAR IN NOVEMBER 2010	including grants of \$ FMBER 2010) (Revenue \$	(
4	(Code OTHER ANCILLARY EVENTS) (Expenses \$	including grants of \$) (Revenue \$	(
			,		
4	Other program servic (Expenses \$	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$	of\$) (Revenue \$	_
4	Total program service expenses P\$	expenses F\$			

Form 990 (2010)

Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		No
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 1 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	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		No
	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
	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	
	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
b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
ь	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	14ь	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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		F	orm 99 0	(2010

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		No
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
b	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		
25 a	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		
ь	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)			
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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 7701-37 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		No
ð	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 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		.F	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2Ь	Yes	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country ▶UK , SP , HK			}
	Sea instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Described to the second	5c		<u> </u>
6a	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		No
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
•	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	-	
10	Section 501(c)(7) organizations. Enter	I		
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
		ļ		
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	ŀ		
c	Enter the amount of reserves on hand			
44-	13c	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or cha O. See instructions. Check if Schedule O contains a response to any question in this Part VI	b belo	ow, and in Scho	d for edule
			• •	
	ection A. Governing Body and Management		Yes	No
	,		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax			
ь	year	1		
•	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	Yes	
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 filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	ļ
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
ь	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		Nο
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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	163	No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15				
8	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			:
L	taxable entity during the year?	16a	Yes	
В	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	Yes	
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request	,		-
19				
	interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th JULIE KIRKSEY FIN CONTROLLER 1000 A BERNATHY RD SUITE 450	ie orga	nizatioi	.
	ATLANTA, GA 30328 (678) 281-6616			

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 organiz	ration nor any re	lated or	ganız	zatio	n co	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title				c) (che	ck a			(D) Reportable compensation from the	(F) Estimated amount of other compensation	
	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)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) JOHN HOFFMAN CEO & BOARD OF DIRECTORS	40 0	×		×				944,261	0	50,727
(2) CRAIG EHRLICH CHAIRMAN, BOARD OF DIRECTORS	2 0	×						70,000	0	0
(3) JOSEPH FAN BOARD OF DIRECTORS	2 0	x						50,000	0	0
(4) MAURO SENTINELLI BOARD OF DIRECTORS	2 0	×						50,000	0	0
(5) MOHAN GYANI BOARD OF DIRECTORS	2 0	x						50,000	0	0
(6) REZA JAFARI BOARD OF DIRECTORS	2 0	х						50,000	0	0
(7) TOM WHEELER BOARD OF DIRECTORS	2 0	×						50,000	0	0
(8) ROBERT CONWAY BOARD OF DIRECTORS	2 0	x						o	2,581,558	2,657
(9) JEREMY SEWELL BOARD OF DIRECTORS	2 0	x						0	585,008	213,695
(10) JAMES MCNEILL CHIEF FINANCIAL OFFICER	40 0			х				394,247	0	29,783
(11) LIAM YARDY CHIEF SALES OFFICER	40 0				х			318,510	0	48,203
(12) MARY KING DIRECTOR OF OPERATIONS	40 0				x			245,492	0	21,067
(13) DAVID FROLIO COUNSEL	40 0				x			447,075	0	32,672
(14) ROBERT PUGLIELLI GENERAL MANAGER, EVENTS	40 0					X		599,855	0	18,580
(15) STEVEN RUSS VP PRODUCT MANAGEMENT	40 0					x		366,298	0	10,730
(16) BRADLEY GREENE VP, BUSINESS DEVELOPMENT	40 0					х		219,909	0	14,736

Form 990 (2010)

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

(A) Name and Title	(B) Average hours per		tion (that a	che(/)			Rep comp	(D) ortable ensation om the	(E) Reportable compensation from related	,	(F) Estimated amount of other compensation		
	week (describe hours for related organizations in Schedule 0)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organi	zation (W- 99-MISC)	organizations (W- 2/1099- MISC)		from organizat relai organiz	the ion and ed	
(17) ANDREW MCGUIRE VP, MOBILE INNOVATIONS	40 0					х			241,936		0		23,250	
(18) ROBERT COURTNEY DIRECTOR OF CUSTOMER CARE	40 0					х			237,582		0		10,532	
(19) BILL GAJDA FORMER BOARD OF DIRECTORS	0.0						x		0	462,	824		14,264	
(20) FRANCOISE DE VALERA JAMES FORMER COO	0.0						x		475,298		0		376	
				<u> </u>							7	_		
											1			
											\top			
											十			
											\dashv			
				_	-		-				-			
					-		-							
			 				Н				+	 :		
1b Sub-Total				_	<u> </u>	<u> </u>	•				\dashv			
c Total from continuation sheets						>					-			
d Total (add lines 1b and 1c) .							▶		4,810,463	3,629,39	0		491,272	
2 Total number of individuals (inclu \$100,000 in reportable compens					ed a	ibove)	who	receive	ed more tha	n				
												Yes	No	
3 Did the organization list any form on line 1a? If "Yes," complete Sch							ee, o	r highes	t compens	ated employee	3	Yes		
4 For any individual listed on line 1 organization and related organization														
individual	eceive or acctil	• • •	encai	tion	from	· nanvi	• inrel	• • ated ord	anization o	r individual for	4	Yes		
services rendered to the organiza										•	5	<u>. </u>	No	
Section B. Independent Cont														
1 Complete this table for your five \$100,000 of compensation from	•		ndepe	nde	nt c	ontrac	tors	that red	ceived more	than				
Nam	(A) e and business add	ress		_					Descri	(B) option of services		(C Compe		
IVAN UTILIZKA C UNIN S/N SENTERADA CERVOLES, 0 25514 SP									EVENT PLANN	IING			103,193	
PROJECT PEOPLE 3RD FLOOR NORTHGATE WHITEFRIARS LONDON, 0 BS1 2NT UK								•	RECRUITING				661,764	
									ļ					
2 Total number of independent contr \$100,000 in compensation from the	•	-	ot lim	ıted	to t	hose l	sted	above)) who receiv	ed more than	_			
												Form 99 ((2010)	

	7111	2010) Statement of Reven	ue	<u></u>			Pa	ge 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenuexclude from tax under
								512 513, 514
and other similar amounts		Federated campaigns	ia 					1
آم ا	ь	Membership dues	. 1b					
, <u>e</u>	c	Fundraising events	. , 1c					
ila I	d	Related organizations	. 1d					
홟	e	Government grants (contributions)	1e					
<u>a</u>	f	All other contributions, gifts, grants similar amounts not included above	, and 1f				Ì	İ
ᇹ	۱.	Noncash contributions included in li						
2	_				n			
	"	Total. Add lines 1a-1f		Business Code	-			
ا دُ	229			Business Code				
		CONFERENCE ACTIVITIES		900099	95,158,188	95,158,188		
:	Ь	SHOW DAILY PROGRAM		541800	1,532,214	459,664	1,072,550	
	C							
	d							
:	e							
	f	All other program service re-	venue					
:	۱.	Total. Add lines 2a-2f		L	96,690,402			1
		Investment income (includin						
		and other similar amounts)			331,650			331,
	4	Income from investment of tax-ex	empt bond proceeds >		0			
	5	Royalties	<u> </u>		0			
!			(ı) Real	(II) Personal				
	l	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						L
			(i) Securities	(II) O ther				
-	72	Gross amount from sales of	45,677	68			ŀ	
		assets other than inventory						
	ь	Less cost or	0	0				
		other basis and sales expenses					1	
	c	Gain or (loss)	45.677	68			l	l .
- 1	ı						ĺ	
	đ	Net gain or (loss)			45,745			45,
	-	Gross income from fundraisi			45,745			45,
	-				45,745			45,
	-	Gross income from fundraisi (not including \$	ng events	00	45,745			45,
	-	Gross income from fundraisii (not including \$	ng events	00	45,745			45,
	8a	Gross income from fundraisii (not including \$	ng events		45,745			45,
	8a b	Gross income from fundraisi (not including \$	ng events		45,745			45,
	8a b	Gross income from fundraisii (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from ful	ng events		·			45,
	Ba b c 9a	Gross income from fundraisii (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from ful	Ing events line 1c) b indraising events		·			45,
	Ba b c 9a b	Gross income from fundraising (not including \$ of contributions reported on See Part IV , line 18	ng events line 1c) b ndraising events		·			45,
	Ba c 9a b	Gross income from fundraising (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from fundraising a Less direct expenses . Net income or (loss) from gaming a Less direct expenses . Net income or (loss) from gaming a Gross sales of inventory, less	Ing events line 1c) b indraising events . ictivities See Part IV, line 19 . in iming activities iming activities		0			45,
	Ba c 9a b	Gross income from fundraisii (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from ful Gross income from gaming a Less direct expenses Net income or (loss) from ga	Ing events line 1c) b indraising events . ictivities See Part IV, line 19 . in iming activities iming activities		0			45,
	6a b c 9a b c	Gross income from fundraising (not including \$	ng events line 1c) b indraising events incivities See Part IV, line 19		0			45,
	b c so the c	Gross income from fundraising (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from fundraising a Less direct expenses . Net income or (loss) from gaming a Less direct expenses . Net income or (loss) from gaming a less direct expenses . Net income or (loss) from gaming a less direct expenses . Less cost of goods sold .	ng events line 1c) b ndraising events		0			45,
	b c so the c	Gross income from fundraising (not including \$	ng events line 1c) b ndraising events		0			45,
	b c so the c	Gross income from fundraising (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from fundraising a less direct expenses . Net income or (loss) from gaming a less direct expenses . Net income or (loss) from gaming a less direct expenses . Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	ng events line 1c) b ndraising events	b	0			45,
	b c 9a b c 10a	Gross income from fundraisis (not including \$ _ of contributions reported on See Part IV, line 18	ng events line 1c) b ndraising events	b	0			45,1
	b c 9a b c 10a b c	Gross income from fundraisis (not including \$ of contributions reported on See Part IV, line 18	ng events line 1c) b ndraising events	b	0			45,:
	b c 9a b c 10a b c	Gross income from fundraisis (not including \$ of contributions reported on See Part IV, line 18	Ing events Ing events but a single events	b	0			45,7
	b c 9a b c 10a b c d	Gross income from fundraisis (not including \$	Ing events Ing events but	b	0			45,

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (C) Do not include amounts reported on lines 6b, (A) Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ٥ 2 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 ٥ 0 Benefits paid to or for members Compensation of current officers, directors, trustees, and 5,164,711 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7,274,019 Pension plan contributions (include section 401(k) and section 211,436 403(b) employer contributions) 1,293,429 Other employee benefits 996,338 Fees for services (non-employees) 2,113,613 Management 775,002 Accounting 314.934 Lobbying ٥ Professional fundraising services See Part IV, line 17 . . ۵ 0 Investment management fees Other 396,060 1,854,575 12 Advertising and promotion 49,007 13 Office expenses 14 Information technology 1,237,770 a 15 Royalties . . 0 16 1,321,028 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 36,236,881 20 290,015 Payments to affiliates 21 384,715 22 Depreciation, depletion, and amortization 23 n 24 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) ESTABLISHMENT EXPENSES 2,454,713 **b** FOREIGN EXCHANGE EXPENSE 1,483,222 c BAD DEBT EXPENSE 1,146,250 d INCOME TAX EXPENSE 937,848 COMMUNICATION COSTS 338.644 f All other expenses 342,957 25 Total functional expenses. Add lines 1 through 24f 66,617,167 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

- 23	art X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			641	1	1,353
	2	Savings and temporary cash investments			9,769,283	2	24,532,224
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			99,161,011	4	101,843,103
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key er	nployees, and			
		Schedule L			,	5	
14	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	mployer	s, and			
ë	1	Schedule L				6	
Assets	7	Notes and loans receivable, net		• •		7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	597,455			
	ь	Less accumulated depreciation	10b	482,335	153,196	10c	115,120
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			1,046,315	14	960,226
	15	Other assets See Part IV, line 11		•		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			110,130,446	16	127,452,026
	17	Accounts payable and accrued expenses .			39,813,901	17	5,110,685
	18	Grants payable				18	
	19	Deferred revenue			35,139,105	19	52,370,296
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			0	25	1,298,062
	26	Total liabilities. Add lines 17 through 25			74,953,006	26	58,779,043
ces		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	lete line	es 27			
<u>a</u>	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here \blacktriangleright \checkmark and lines 30 through 34.	d comple	ete			
5	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds		35,177,440	32	68,672,983
Net	33	Total net assets or fund balances			35,177,440	33	68,672,983
_	34	Total liabilities and net assets/fund balances			110,130,446	34	127,452,026

Form 990 (2010)

2	Check if Schedule O contains a response to any question in this Part XI	•	<u>.</u>	
#	Total revenue (must equal Part VIII, column (A), line 12)		767 790 78	797
7	Total expenses (must equal Part IX, column (A), line 25)		66,617,1	,167
m	Revenue less expenses Subtract line 2 from line 1		30,450,6	,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		35,177,4	4 4 0
IU.	Other changes in net assets or fund balances (explain in Schedule O)		3,044,9	913
ø	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column 6)		68,672,9	983
Part	Check if Schedule O contains a response to any question in this Part XII		٤	
			Yes	
-	HISTORICAL			
	Accounting method used to prepare the Form 990 Cash Cash Cother COST If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	_ 	0
Φ	Were the organization's financial statements audited by an independent accountant?	2 b Y	/es	
U	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 Y	, es	
ס	r 2b, check a box below to indicate wh , consolidated basis, or both			
3a	I Separate basis I Consolidated basis Both consolidated and separated basis 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	0 Z	0
9	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		1

Form **990** (2010)

DLN: 93493088010632

SCHEDULE D

OMB No 1545-0047

(Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Open to Public Denertment of the Tressury Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service Name of the organization **Employer identification number** GSMA LIMITED 20-4991061 Part I 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) 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) Г Protection of natural habitat Preservation of a certified historic structure 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 2h 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 Amount 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 □Yes □No 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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

▶\$_

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Page 2

Par	term Organizations Maintaining Co	ollections of Art	, His	<u>stori</u>	cal Tr	<u>easu</u>	res, or Otl	her	Simila	r Asse	ts (co	ntinued)
3	Using the organization's accession and other items (check all that apply)				owing t	hat are	e a significan	t us				
а	Public exhibition		đ	Γ	Loan	or exch	nange prograi	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c	ollections and expla	ın ho	w the	y furthe	r the o	rganization's	exe	mpt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ar	Γ	Yes	┌ No
Pa	Part IV, line 9, or reported an ai						answered	"Ye	s" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	diary	forc	ontribu	tions o	r other asset	s no	t	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follov	ving ta	able		_					_
_							<u> </u>	+		A mou	int	
C	Beginning balance						10	+				
d	Additions during the year						10	+				
e	Distributions during the year						10	-				
f	Ending balance						11					
2 a	Did the organization include an amount on F	orm 990, Part X, line	217	•						Γ	Yes	No
ь	If "Yes," explain the arrangement in Part XI				1 113 4					10		
Рā	rt V Endowment Funds. Complete	(a)Current Year)Prior \					ree Years		Four Y	ears Back
1a	Beginning of year balance	(=)====================================		y , 1, 1		(0),	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,, ou. , .	
ь	Contributions											
c	Investment earnings or losses			•								
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
9	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	ıs									
a	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
c	Term endowment ▶											
3 a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held	and a	dministered f	or th	e			
	organization by (i) unrelated organizations									3a(i)	Yes	No
	(ii) related organizations		•	•		• •		•		3a(ii)		
ь	If "Yes" to 3a(ii), are the related organization	ns listed as required	on S	ched	ule R?	٠		٠.	• • •	3b		
4	Describe in Part XIV the intended uses of th	•										
Pa	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 9	90, Pa	rt X, line 10	0.				
	Description of investment) Cost o		(b)Cost or oth basis (other)		(c) Accum deprecia		(d) Bo	ook value
1a	Land											
b	Buildings							$oldsymbol{oldsymbol{oldsymbol{oldsymbol{I}}}$				
c	Leasehold improvements						166,2	59		91,418		74,841
d	Equipment						429,9	09		390,165		39,744
_	Other	<u> </u>	<u>. </u>				1,2	87		752		535
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	nn (B)), line	10(c).)				, ▶			115,120

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security) (1)Financial derivatives	 	Cost or end-o	f-year market value
			
(2)Closely-held equity interests Other			.
		† 	
			1.1
	-	 	
		ļ	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>	<u> </u>	
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation - year market value
	<u> </u>	Cost of elleron	-year market value
	 		
		<u></u>	
			
•			
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr	ne 15.		
(a) Descrip			(b) Book value
· · · · · · · · · · · · · · · · · · ·			····
<u> </u>			
		 .	
<u> </u>			
	:		
		_	
	:	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 1	5.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. See Form 990, Part X			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		

Total Total Total Total Sexue Net Don Inve Prio Othi Total	Reconciliation of Change in Net Assets from Form 99 I revenue (Form 990, Part VIII, column (A), line 12) I expenses (Form 990, Part IX, column (A), line 25) ess or (deficit) for the year Subtract line 2 from line 1 unrealized gains (losses) on investments eted services and use of facilities estment expenses experiod adjustments er (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 ess or (deficit) for the year per financial statements Combine lines 3 and		1 2 3 4 5 6 7 8 9 10	
Z Tota 3 Exce 4 Net 5 Don 6 Inve 7 Prio 8 Oth 9 Tota	l expenses (Form 990, Part IX, column (A), line 25) ess or (deficit) for the year Subtract line 2 from line 1 unrealized gains (losses) on investments eted services and use of facilities estment expenses eperiod adjustments er (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 ess or (deficit) for the year per financial statements. Combine lines 3 and	d 9	2 3 4 5 6 7 8 9	
3 Exc. 4 Net 5 Don 6 Inve 7 Prio 8 Oth 9 Tota	ess or (deficit) for the year Subtract line 2 from line 1 unrealized gains (losses) on investments sted services and use of facilities stiment expenses period adjustments or (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 oss or (deficit) for the year per financial statements. Combine lines 3 and	d 9	3 4 5 6 7 8	
4 Net 5 Don 6 Inve 7 Prio 8 Oth 9 Tota	unrealized gains (losses) on investments sted services and use of facilities stment expenses period adjustments or (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 oss or (deficit) for the year per financial statements. Combine lines 3 an	d 9	4 5 6 7 8 9	
5 Don 6 Inve 7 Prio 8 Othe 9 Tota	eted services and use of facilities stment expenses period adjustments ir (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 iss or (deficit) for the year per financial statements. Combine lines 3 an	d 9	5 6 7 8 9	
5 Inve 7 Prio 8 Othe 9 Tota	stment expenses period adjustments ir (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 iss or (deficit) for the year per financial statements. Combine lines 3 an	d 9	6 7 8 9	
7 Prio 8 Othe 9 Tota	period adjustments ir (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 iss or (deficit) for the year per financial statements. Combine lines 3 an	d 9	7 8 9	
8 Othe 9 Tota	r (Describe in Part XIV) I adjustments (net) Add lines 4 - 8 ess or (deficit) for the year per financial statements. Combine lines 3 an	d 9	8	
9 Tota	l adjustments (net) Add lines 4 - 8 iss or (deficit) for the year per financial statements. Combine lines 3 an	d 9	9	
	ess or (deficit) for the year per financial statements. Combine lines 3 an	d 9		
	· · · · · · · · · · · · · · · · · · ·	d 9	10	
10 Exc	· · · · · · · · · · · · · · · · · · ·			
	Reconciliation of Revenue per Audited Financial State	ements With Revenue	er Retu	rn
	al revenue, gains, and other support per audited financial statements		1	
2 A m	ounts included on line 1 but not on Form 990, Part VIII, line 12			
a Ne	unrealized gains on investments	2a]]	
b Do	nated services and use of facilities	2b]	
c Red	overies of prior year grants	2c]	•
d 0 t	er (Describe in Part XIV)	2d] [
e Ad	ilines 2a through 2d		2e	
3 Sul	tract line 2e from line 1		3	
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1			
a Inv	estment expenses not included on Form 990, Part VIII, line 7b .	4a]	
b Otl	er (Describe in Part XIV)	4b	1 1	
			4c	
	al Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lin		5	
	Reconciliation of Expenses per Audited Financial Sta	tements With Expense:	s per Re	turn
	al expenses and losses per audited financial tements		1 1	
2 Am	ounts included on line 1 but not on Form 990, Part IX, line 25			
a Do	nated services and use of facilities	2a		
b Pre	oryear adjustments	2b	1	
c Otl	erlosses	2c	1	
d Ot	er (Describe in Part XIV)	2d	1	
e Ad	l lines 2a through 2d		2e	
3 Sul	tract line 2e from line 1		3	
4 Arr	ounts included on Form 990, Part IX, line 25, but not on line 1:			
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a] [
b Oti	er (Describe in Part XIV)	4b]	
c Ad	lines 4a and 4b		4c	
5 Tot	al expenses Add lines 3 and 4c. (This should equal Form 990, Part I, li	ne 18)	5	

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 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

Identifier Return Reference Explanation

DLN: 93493088010632

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2010

► Complete if the organization answered "Yes" to Form 990,

					14b, 15, or 16.		
	ent of the Treasury Revenue Service		► Attac	h to Form 990. ►	See separate instructions	.	Open to Public Inspection
	of the organization	n				Employer iden	tification number
GSM/	A LIMITED					20-4991061	
Pa			n on Activiti rt IV, line 14b		he United States.	Complete if the organi	zation answered
1					is to substantiate the	amount of the grants	or
	assistance, the	grantees' elig	gibility for the	grants or assi	stance, and the selec	tion criteria used to av	vard
2	For grant makers. United States	Describe in Pa	rt V the organiz	ation's procedu	res for monitoring the us	e of grant funds outside	the
3	Activites per Reg	ion (Use Part '	V if additional s	pace is needed)		
	(a) Region	•	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	East Asia and the	e Pacific	1	9	Program Services	CONFERENCE ACTIVITIES	2,959,629
	Europe (Including Greenland)	g Iceland and	2	51	Program Services	CONFERENCE ACTIVITIES	32,018,864
				<u> </u>			
	-						
				<u></u>			
						-	-
				<u>,,,,</u>			-
							-
					-		
		<u> </u>					
							24.078.405
	Sub-total Total from contin to Part I	uation sheets	3	60			34,978,493
c	Totals (add lines	3a and 3b)	3	60			34,978,493

Page 2

Schedule F (Form 990) 2010

appraisal, other) valuation (book, FMV, (i) Method of Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. ▶ □ Use Part V if additional space is needed. (h) Description of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) A mount of of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant Enter total number of other organizations or entitles. (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II ~ m

Schedule F (Form 990) 2010

Page 3

Schedule F (Form 990) 2010

3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(c) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

- Yes 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)
- Yes organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the Corporations. (see instructions for Form 5471) m
- Yes Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) 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 4
- Yes organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the (see instructions for Form 8865) Ŋ

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Yes 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 ø

Schedule F (Form 990) 2010

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Additional Data

Software ID:

Software Version:

EIN: 20-4991061

Name: GSMA LIMITED

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493088010632

Schedule J (Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Inspection

Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization GSMA LIMITED

Employer identification number

20-4991061

Pa	rtel Questions Regarding Compensation						
					Yes	Νo	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel		Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization organization.						
	Compensation committee		Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
a	Receive a severance payment or change-of-control p	aymer	nt from the organization or a related organization?	4a	Yes		
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	с Participate іл, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any				
а	The organization?			5a			
b	Any related organization?			5b			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any				
a	The organization?			6a			
ь	Any related organization?			6b			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7			
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in						
	in Part III			8	ļ	<u> </u>	
9	If "Yes" to line 8, did the organization also follow the section $534958-6(c)$?	rebutt	able presumption procedure described in Regulations	9			

Schedule J (Form 990) 2010

Partail 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 3, report compensation from the 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 V	(B) Breakdown of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN HOFFMAN	(II) (i)	434,969	490,992	18,300	0 008'6	40,927 0	994,988	00
(2) RO BERT CO N WAY	(II) (I)	683,074	1,898,484	0	0	0 2,657	2,584,215	0 0
(3) BILL GAJDA	ΞΞ	115,523	132,129	215,172	008'6	0 4,464	0 477,088	0
(4) JEREMY SEWELL	(II)	0 338,273	0 246,735	0	0 211,119	0 2,576	0 798,703	
(5) JAMES MCNEILL	(E)	259,568	134,679	00	008'6	19,983	424,030 0	0 0
(6) FRANCOISE DE VALERA JAMES	(II)	70,034	6,303	398,961 0	0	376 0	475,674	0
(7) LIAM YARDY	(E)	143,823 0	15,812	158,875 0	45,183 0	3,020	366,713	38,078
(8) MARY KING	(II) (II)	146,655	98,837	0	0 280'8	12,980	266,559	0
(9) RO BERT PUGLIELLI	(E)	240,926	146,616	212,313	5,654	12,926 0	618,435	0 0
(10) STEVEN RUSS	(E)	979,822	142,319	0	0 008'6	0 8 8 9 8 9 8 9 8 9 8 9 9 9 9 9 9 9 9 9	377,028	0
(11) BRADLEY GREENE	(II)	147,524	0 0	3,726	8,813	5,923	234,645	0 0
(12) ANDREW MCGUIRE	(ii)	182,319	59,617	0	8,430	14,820 0	265,186	0
(13) ROBERT COURTNEY	(E)	810,771 0	60,564	0	0 898'8	1,664	248,114	0
(14) DAVID FROLIO	ΞΞ	287,784 0	159,291 0	0	008'6	22,872 0	479,747	0
(15)								
(16)								

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Paratity 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

Identifier	Return Reference	Explanation
PART I, LINE 1A		THE COMPANY HAS A POLICY THAT FOR ALL BUSINESS TRIPS WHICH INCLUDE A LONG HAUL FLIGHT (DEFINED AS FLIGHT TIME OF 4 HOURS OR LONGER) THE EMPLOYEE'S OPTION, HE/SHE MAY ELECT TO PURCHASE TWO ECONOMY/COACH CLASS TICKETS AND HAVE THEIR SIGNIFICANT OTHER ACCOMPANY THEM PROVIDED THAT THE COST OF THESE TWO TICKETS ARE LESS THAN THE COMPARABLE BUSINESS CLASS FARE
PART I, LINE 4A		DURING 2010, FRANCOISE DE VALERA JAMES RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$208,927 AS A RESULT OF SEPARATION OF SERVICES
PART II		THE RELATED COMPENSATION REPORTED FOR BILL GAJDA ON PART II WAS FOR HIS SERVICES AS AN OFFICER OF A RELATED ORGANIZATION DURING 2010 AND NOT FOR HIS ROLE AS A FORMER BOARD MEMBER OF GSMA LIMITED

Schedule J (Form 990) 2010

OMB No 1545-0047 DLN: 93493088010632 Open to Public Inspection 2010 Employer identification number Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ. As Filed Data efile GRAPHIC print - DO NOT PROCESS Name of the organization GSMA LIMITED (Form 990 or 990-EZ) SCHEDULE 0 Department of the Treasury Internal Revenue Service

20-4991061

Identifier	Return Reference	Explanation
PART I		GSMA LIMITED'S FINANCIAL STATEMENTS ARE PRESENTED IN BRITISH POUNDS THE AMOUNTS REPORTED ON PART X OF THE FORM 990 WERE CONVERSION BRITISH POUNDS TO US DOLLARS USING THE CONVERSION RATE AT 3/31/2011 OF 1 60767 THE AMOUNTS REPORTED ON PART VIII AND PART IX OF THE FORM 990 WERE CONVERTED FROM BRITISH POUNDS TO US DOLLARS USING THE AVERAGE CONVERSION RATE FOR THE FISCAL YEAR ENDED 03/31/11 OF 1 5557 THE FOREIGN CURRENCY CONVERSION RESULTS IN AN ADJUSTING ITEM TO THE ORGANIZATION'S CHANGE IN NET ASSETS FOR THE PERIOD WHICH IS REPORTED ON FORM 990, PART XI, LINE 5 THE FINANCIAL STATEMENTS WERE COMPILED FOLLOWING INTERNATIONAL FINANCIAL REPORTING STANDARDS AND RECEIVED AN UNQUALIFIED AUDIT OPINION

ldentifier	Return Reference	Explanation
PART VI, LINE 2		TWO DIRECTORS OF THE COMPANY, CRAIG EHRLICH AND MOHAN GYANI, HAD A BUSINESS RELATIONSHIP DURING THE TAX YEAR TWO DIRECTORS OF THE COMPANY, CRAIG EHRLICH AND JOSEPH FAN, HAD A BUSINESS RELATIONSHIP DURING THE TAX YEAR

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