

# 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



## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

		r tax year beginning DI	ECEMBE	R 26	, 2012	and endi	ng DECEMBER 3	1 , 20
Name	of foundation						A Employer ident	ification number
T - MC	DBILE USA FOUN	NDATION					46-1629	033
Numb	er and street (or P O box	number if mail is not delivered	d to street	address)		Room/suite	e B Telephone num	ber (see instructions)
	O SE 38TH STR						425-383	-4000
City o	r town, state, and ZIP code	•					C If exemption appli	cation is
							pending check he	
	LEVUE, WA 980 eck all that apply	X Initial return	<del></del>	Initial return	of a formar r	uble char	2162.4	_ [
Cile	ck all that apply	Final return	$\vdash$	Amended ref	•	iublic Cliai	- Troncigin organiz	
		Address change	-	Name change	-		85% test, check	zations meeting the there and attach
Che	ck type of organizat	ion X Section 501(	c)(3) ex	<del> </del>			computation	<b>&gt;</b> l
		exempt charitable trust	_	her taxable pr		tion	1	on status was terminated
	market value of all			nethod x Ca				(b)(1)(A), check here . P
_	ear (from Part II, col		ther (sp					is in a 60-month termination (b)(1)(B), check here .
		000,000.00 (Part I,			cash basis )			
_	Analysis of Rever	nue and Expenses (The		evenue and				(d) Disbursement
	total of amounts in co	olumns (b), (c), and (d)	(4)	enses per	(b) Net inve	1	(c) Adjusted net income	for charitable purposes
	column (a) (see instru	equal ine amounts in ictions) )	<u> </u>	books			moone	(cash basis only
1	Contributions, gifts, grants, e	tc , received (attach schedule) .	5,0	00,000.00				
2	If the fo	oundation is not required to Sch B						
3		lemporary cash investments						
4	Dividends and interes	st from securities						
5 a	Gross rents							
b	Net rental income or (los	s)						
6a b		ale of assets not on line 10						
6 a b 7	assets on line 6a _		<u> </u>		<del></del>	- K		
7	· -	me (from Part IV, line 2)	<u> </u>		•		RECEIVE	
8		Igain					THE SELVE	<del>-</del> 0
9 10 a	Income modifications Gross sales less returns		<u> </u>			ဗ္ဗ	NOV 9 E 2011	1691
-	and allowances · · · ·					121	MUN % 2 5 501;	3 6
1	Less Cost of goods sold	. L				-   4		
11		schedule)				<u> </u>	OGDENII	+ -
12		ough 11		00,000.00				
13		s, directors, trustees, etc	7,0	55,000.00				
14		ries and wages						
15		yee benefits						
16 a	Legal fees (attach sch	nedule)						
Ь	Accounting fees (atta	ch schedule)					<u> </u>	
С		es (attach schedule)						
17	Interest							
18	Taxes (attach schedule) (	see instructions)						
19	Depreciation (attach	schedule) and depletion.						
20								
21		and meetings						
22		ons						
17 18 19 20 21 22 23		ch schedule)						<del> </del>
24		administrative expenses.						
	_	23						-
25		grants paid						<del> </del>
26		ements Add lines 24 and 25			<del>.</del>			-
27	Subtract line 26 from		_					
l		enses and disbursements	5,0	00,000.00		0.05		<del> </del>
		me (if negative, enter -0-)	<b> </b>			0.00		-
		(If negative, enter -0-) ct Notice, see instructions	İ	<u>-</u>	<del></del>		0.0	0  Form <b>990-PF</b> (2

		Attached schedules and amounts in the	Beginning of year	End o	f year
Ρ'	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	NONE	5,000,000.00	5,000,000.00
		Savings and temporary cash investments			
	•	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
'n		Inventories for sale or use			
ssets		Prepaid expenses and deferred charges			
As		Investments - U S and state government obligations (attach schedule)			<del></del>
		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11 Ŭ	Investments - land, buildings,			
		Less accumulated depreciation			
	40	(attach schedule)			
	12 13	Investments - mortgage loans			
	14	Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	(attach schedule) Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	10	instructions Also, see page 1, item 1)		5,000,000.00	5,000,000.00
-	17	Accounts payable and accrued expenses		5,000,000.00	3,000,000.00
	18		1		
'n	19		<b>\</b>		
Liabilities	20	Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons			
░	21	Mortgages and other notes payable (attach schedule)			
2	22	Other liabilities (describe			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
_	_	Foundations that follow SFAS 117, check here ▶			
"		and complete lines 24 through 26 and lines 30 and 31.			
ě	24	Unrestricted			1
Ē	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
ヹ	ŀ	check here and complete lines 27 through 31. ▶ 🗓			
ō	27	Capital stock, trust principal, or current funds	1		
ë	28	Paid-in or capital surplus, or land, bldg, and equipment fund		5,000,000.00	
355	29	Retained earnings, accumulated income, endowment, or other funds			
F	30	Total net assets or fund balances (see instructions)			
Ž	31	Total liabilities and net assets/fund balances (see			
		instructions)			
F	art I	Analysis of Changes in Net Assets or Fund	Balances		
		I net assets or fund balances at beginning of year - Part		(must agree with	
		of-year figure reported on prior year's return)			NONE
2		r amount from Part I, line 27a			5,000,000.00
		lines 1, 2, and 3			5,000,000.00
5	Dec	reases not included in line 2 (itemize) ▶		5	L
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	5,000,000.00
			-		Form 990-PF (2012)

Р	age	3

(a) List an	d describe the kind(s) of property sold prick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
a					
0					
d					
9				l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
a					
)	•				
;					
1					
)					
	showing gain in column (h) and own	ed by the foundation on 12/31/69	(1)	Gains (Col (h) g	iain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from co	than -0-) <b>or</b>
<u>.                                    </u>			1		
· · · · · · · · · · · · · · · · · · ·			1		,
<del>,</del>					
			1		
Capital gain net income of		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
If gain, also enter in Pa		structions) If (loss), enter -0- in	3		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net Investment	Income		
	the section 4942 tax on the distri not qualify under section 4940(e)	ibutable amount of any year in the	base perio	d?	Yes N
Enter the appropriate am	ount in each column for each yea	ar, see the instructions before making	ng any enti	ries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	1	(d) Distribution (col (b) divided b	
2011					<del></del>
2010					
2009					
2008					
2007					
Total of line 1, column (d	)		2		
_		de the total on line 2 by 5, or by the ss than 5 years	. 3		
Enter the net value of no	ncharitable-use assets for 2012 fr	rom Part X, line 5	4	<del></del>	
Enter qualifying distributi If line 8 is equal to or g Part VI instructions	ons from Part XII, line 4	in Part VI, line 1b, and complete	that part		
SA E1430 1 000				Fo	m <b>990-PF</b> (20

Pari	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	<u>)                                    </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1 )			
	Date of ruling or determination letter (attach copy of letter if necessary - see Instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	.00
	here  and enter 1% of Part I, line 27b			
C.	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 🥠 📗			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		0	.00
3	Add lines 1 and 2 3		0	.00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		0	.00
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0		0	.00
	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
þ	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868), 6c			
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d		0	.00
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11		0	.00
	t VII-A Statements Regarding Activities	1	\ <b>/</b>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	4-	Yes	No
	or intervene in any political campaign?	1a		Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1b		х
	definition)?	10		^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			İ
	distributed by the foundation in connection with the activities	1c		x
	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
d	(1) On the foundation \$\infty\$ \$\frac{0.00}{2}\$ (2) On foundation managers \$\infty\$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			ļ
e	foundation managers > \$0.00_			
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	i I		
,	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ļ
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
	WA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G <sup>o</sup> If "No," attach explanation	8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			1
	addrasas	10	i x	1

b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012? .

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

Form **990-PF** (2012)

Х

2b

Form 990-PF (2012)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	NONE
Total number of others receiving over \$50,000 for professional services ▶	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	NONE
2	
3	
·	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	II.
	NONE
2	
All other program-related investments. See instructions	
3 NONE	
	NONE
Total, Add lines 1 through 3	NONE

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	82,192.00
С	Fair market value of all other assets (see instructions)	1c	02/102.0
d	Total (add lines 1a, b, and c)	1d	82,192.00
е	Reduction claimed for blockage or other factors reported on lines 1a and		.02/12/200
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	82,192.00
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1	<u> </u>
		4	1,233.00
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	80,959.00
6	Minimum investment return. Enter 5% of line 5	6	67.00
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	part )	
1	Minimum investment return from Part X, line 6	1	67 00
2 a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI) 2b	]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	67.00
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	67.00
6	Deduction from distributable amount (see instructions)	6	
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	67.00
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	NONE
b	Program-related investments - total from Part IX-B	1b	
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<del></del>
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	NONE
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating who	
	qualifies for the section 4940(e) reduction of tax in those years	•	

Рa	rt XIII Undistributed Income (see instru	ictions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
•	[				67.00
2	Undistributed income, if any, as of the end of 2012				. 07.00
_	Enter amount for 2011 only				
	Total for pnor years 20,20,20				
	· · · · · · · · · · · · · · · · · · ·	<del></del>			
3	Excess distributions carryover, if any, to 2012				
	From 2007				
þ	From 2008				
С	From 2009				
	From 2010				
	From 2011				
f	Total of lines 3a through e				
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2011, but not more than line 2a	·			
b	Applied to undistributed income of prior years				
-	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required see instructions)		<del>-</del>		
ч	Applied to 2012 distributable amount				
	Remaining amount distributed out of corpus		· · · · · · · · · · · · · · · · · · ·		
	Excess distributions carryover applied to 2012		<del></del>		
	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
h	Prior years' undistributed income Subtract				
~	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions				
_		1			
t	Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2013				67.00
7	Amounts treated as distributions out of corpus				
,	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2008				
	Excess from 2009				
	Excess from 2010				
d	Excess from 2011				
_е	Excess from 2012	<u> </u>			

NONE

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ x if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number or e-mail of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)						
3 Grants and Contributions Paid Du	Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient Name and address (home or business)  Recipient Status of recipient or substantial contribution Status of recipient or contribution					
Recipient	If recipient is an individual show any relationship to	Foundation	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount		
a Paid during the year						
NONE			1			
		İ				
		1	ł	1		
		1				
			1			
		}	}	}		
		1	1			
		1	•			
	i e	İ	ĺ			
		1				
			1			
			{	ĺ		
		1	]			
				i		
			1	İ		
Total		1	▶ 3a	NONE		
b Approved for future payment		<del></del>	T 3a	NONE		
NONE		ļ				
				l.		
		ļ	1	]		
		1		1		
		1		1		
		[				
		1				
		]				
Total				NONE		

Part XVI-A Analysis of Income-Produ Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions
=	service revenue					(See instructions
				<del></del>		
ř —						
	and contracts from government agencies					
-	ship dues and assessments					
	n savings and temporary cash investments					
	is and interest from securities					
	al income or (loss) from real estate					
a Debt	-financed property					
	debt-financed property					
	I income or (loss) from personal property					
Other in	vestment income					
	loss) from sales of assets other than inventory					
•	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
•	venue a					
			-			
			i			
d						
d e Subtota Total. A e works	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc	ulations)				
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
de Subtota Total. A e works	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
de Subtota Total. A e works Irt XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t
e Subtota Total. A ee works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
e Subtota Total. A e works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
e Subtota Total. A ee works art XVI	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc.  Relationship of Activities  Explain below how each activities	ulations) s to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly t

Par	t XVI	Information R Exempt Organ		sfers To and Transact	ions and	l Relationship	s With Non	chari		3
1	in se	ne organization direct	tly or indirectly en	gage in any of the followin ction 501(c)(3) organization					Yes	No
	•	nizations?			_					
а			-	noncharitable exempt orgai						
	(1) C	ash		• • • • • • • • • • • • • • • • • • • •				1a(1)		<u>X</u>
L				• • • • • • • • • • • • • • • • • • • •				1a(2)		X
		transactions	nobaritable avec	t assauration				4		
	(1) 5	urchases of assets fr	oncharitable exemp	t organization		• • • • • • • • •		1b(1)		<u> X</u>
	(2) P	ental of facilities equi	inment or other as	e exempt organization	• • • • •			1b(2) 1b(3)		<u>X</u> X
	(4) R	embursement arrang	ements					1b(3) 1b(4)		X
	(5) 1	oans or loan quarantee	enens	· · · · · · · · · · · · · · · · · · ·				1b(5)		X
	(6) P	erformance of service	es or membership	or fundraising solicitations				1b(6)		X
				other assets, or paid employ				1c		X
				complete the following s					fair m	
-				s given by the reporting fo						
				ment, show in column (d) t						
(a) Li	ne no	(b) Amount involved	(c) Name of non	charitable exempt organization	(d) Desc	ription of transfers, tr	ansactions, and shar	ing arra	ngemer	nts
		N/A			N/A					
		2.45								
_		·								
					_					
		<u> </u>	ļ		<del> </del>					
		<u> </u>		<del></del>	ļ					
							<del>.</del>			
				<del></del>	<del>                                     </del>	<del></del>				
	——	- <del></del>					<del></del>			
	desc	ribed in section 501(c)	) of the Code (other	ated with, or related to, or er than section 501(c)(3)) or				Y	es X	
b	It "Ye	s," complete the follo	<del></del>	(h) Torre of assessments		(a) Da			-	
		(a) Name of organizatio	"11	(b) Type of organization		(0) 00	scription of relations	niip .		
			····	····			<del></del>			
		·	<del> </del> -	<u> </u>		<del> </del>				
					<del></del>	<del></del>				
									-	
Sigr		er penalties of perjury, I decli ect, and complete Declaration of	are-that I have examined of preparer (other than taxp	this return, including accompanying sayer) is based on all information of which	chedules and preparer has as	statements, and to the ny knowledge	best of my knowledg	e and b	elief, it	ıs tru
Her		( hin W	1 Vlu	1 11 13 13	VF	Tax	May the IRS with the pr			
		gnature of officer or trustee		Date	Title		(see instruction		<b>-</b>	
		Print/Type accepted	name	Preparer's signature		I Date		ואודכ	*	
Paic	í	Print/Type preparer's	o maille	Preparer's signature Roos so	Z	Date 11-13-2013	crieckii	PTIN		
Prei	naroi	ROBISON, SUE		3 40.00		1	self-employed	P005	600	<u> 72</u>

206-913-4000

Firm's EIN ▶ 13-5565207

Phone no

Preparer

Firm's name ► KPMG LLP

Use Only Firm's address ▶ 1918 EIGHTH AVENUE, SUITE 2900

SEATTLE, WA 98101

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization Employer identification number T-MOBILE USA INC. FOUNDATION 46-1629033 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ......▶ \$\_\_\_\_\_\_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

T-MOB	ILE USA INC. FOUNDATION		46-1629033
Part I	Contributors (see instructions) Use duplicate copies of P	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	T-MOBILE USA, INC.  12920 SE 38TH STREET  BELLEVUE, WA 98006	\$ 5,,000,000.00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>-</b>		-   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person

(Complete Part II if there is a noncash contribution)

Payroll Noncash T-MOBILE USA INC. FOUNDATION

Employer identification number

46-1629033

art·II	Noncash Property (see instructions)	Use duplicate copies of Part II if add	itional space is needed.
_	• • • • • • • • • • • • • • • • • • • •		

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del>-</del>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
~		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number 46-1629033 T-MOBILE USA INC. FOUNDATION Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc contributions of \$1,000 or less for the year (Enter this information once See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS,	ST OF OFFICERS, DIRECTORS, AND TRUSTEES	EES		ATTACHMENT 1
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTUION TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNTS
JOHN LEGERE 12920 SE 38TH STREET BELLEVUE, WA 98006	PRESIDENT 1.00	0	0	0
LARRY MYERS 12920 SE 38TH STREET BELLEVUE, WA 98006	VICE PRESIDENT 1.00	0	0	0
JIM ALLING 12920 SE 38TH STREET BELLEVUE, WA 98006	VICE PRESIDENT 1.00	0	0	0
SKIP CORNETT 12920 SE 38TH STREET BELLEVUE, WA 98006	VICE PRESIDENT 1.00	0	0	0
DAVE MILLER 12920 SE 38TH STREET BELLEVUE, WA 98006	SECRETARY 1.00	0	0	0
MIKE MORGAN 12920 SE 38TH STREET BELLEVUE, WA 98006	TREASURER 1.00	0	0	0
LAUREN VENEZIA 12920 SE 38TH STREET BELLEVUE, WA 98006	ASSISTANT SECRETARY 1.00	0	0	0
HARVEY WOODFORD 12920 SE 38TH STREET BELLEVUE, WA 98006	ASSISTANT SECRETARY 1.00	0	0	0

#### Form 8868

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue				pplication for each return.		<del></del>			
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not complete Part Il unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
Electronic fi	ling <i>(e-file</i> ).	You can electronically file Form	8868 if yo	u need a 3-month auto	omatic extension of time to file (	3 months for			
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form									
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information									
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see									
instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits.									
Part I Au	tomatic 3-	Month Extension of Time. On	ıly submit	original (no copies ne	eeded).				
A corporation	n required t	o file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete				
Part I only									
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time									
to file income tax returns Enter filer's identifying number, see instructions									
Name of exempt organization or other filer, see instructions.    Employer identification number (EIN) or									
Type or									
print	T-MORTI	E USA FOUNDATION			46-1629033				
File by the	Number, sti	reet, and room or suite no. If a P O box	x, see instruc	ctions.	Social security number (SSN)				
due date for filing your		E 38TH STREET			· · · · · ·				
return. See	City, town o	or post office, state, and ZIP code. For	a foreign add	dress, see instructions.					
Instructions	BELLEVII	F WA 98006	_						
BELLEVUE, WA 98006  Enter the Return code for the return that this application is for (file a separate application for each return)									
Application Return Application Return									
Is For			Code	ls For		Code			
Form 990 or	Form 990-1	= <b>7</b>	01	Form 990-T (corporat	ion)	07			
Form 990-BL		- <b>-</b>	02	Form 1041-A		08			
Form 4720-	<del></del>		03	Form 4720		09			
	· · · · · · · · · · · · · · · · · · ·					10			
Form 990-PF		\	04	Form 5227					
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11									
Form 990-T (trust other than above)         06         Form 8870         12									
• The books are in the care of ▶ DAVID MILLER  Telephone No. ▶ 425-383-4000 FAX No. ▶ 425-383-6380  • If the organization does not have an office or place of business in the United States, check this box									
until <u>August 15</u> , 20 13, to file the exempt organization return for the organization named above. The extension is									
for the organization's return for:									
▶ calendar year 20 12 or									
X tax year beginning December 26 , 20 12 , and ending December 31 , 20 12									
2 If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final return Change in accounting period									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
		dits. See Instructions.			3a \$	0.00			
b if this	application	is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and				
<u>estimat</u>	ed tax payn	nents made' Include any prior year	r overpaym	ent allowed as a credit	3b \$	0.00			
(Electronic Federal Tax Payment System). See instructions. 3c \$ 0.00									
		make an electronic fund withdrawal		orm 8868, see Form 8453-					
For Privacy A	ct and Paper	work Reduction Act Notice, see Instru	uctions.		Form 8868	(Rev 1-2013)			

Form 88	68 (Rev. 1-2013)						Page 2
	are filing for an Additional (Not Automatic) 3-Mo	onth Exter	ision, complete only P	art II and check th	is bo	x	. ▶ 🗹
Note.	Only complete Part II if you have already been gran	nted an aut	omatic 3-month extens	sion on a previously	/ filed	Form 886	i8.
	u are filing for an Automatic 3-Month Extension, o				os n	seded)	
Part	Additional (Not Automatic) 3-Month E	xtension		nter filer's identifyin			netructions
	Name of exempt organization or other filer, see in	structions.		mployer Identification			154 4040110
Type o	Jr }	T-MOBILE USA FOUNDATION				33	
•	Number, street, and room or suite no. If a P.O. bo	Number, street, and room or suite no. If a P.O. box, see instructions, Social security number					
	10		ļ	•			
Application Is Form 990 Form 990 Form 990 Form 990 Form 990 STOPI Do  Telephor If the org If this is it for the who	City, town or post office, state, and ZIP code, For	r a foreign a	ddress, see instructions.				
Enter t	he Return code for the return that this application i	s for (file a	separate application fo	or each return) .			0 4
ilaaA	cation	Return	Application				Return
		Code	ls For				Code
Form	990 or Form 990-EZ	01	是相關不可以所以可	经运动的经验	學學	<b>管整道</b>	推脱海红
Form	990-BL	02	Form 1041-A				08
Form	4720 (Individual)	03	Form 4720				09
Form	990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				
Form 990-T (trust other than above)			Form 8870	0 12			12
• If this for the list with 4 5 6	organization does not have an office or place of but is for a Group Return, enter the organization's four whole group, check this box	r digit Gro it is for par n is for. until ng DECEM nonths, cho	NOVEMBER 15TH  MBER 26TH , 20 12 , eck reason:	(GEN)  , 20 13  and ending DEC return ☐ Final	EMBE		. 20 12 .
	If this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4				8a	\$	0
	estimated tax payments made. Include any prior amount pald previously with Form 8868.	r year ove	rpayment allowed as a	a credit and any	8b	\$	0
	Balance due. Subtract Ilne 8b from line 8a. Include yo (Electronic Federal Tax Payment System). See instruct		with this form, if required	d, by using EFTPS	8c	\$	0
	Signature and Verificat	tion must	be completed for P	Part II only.			
	enalties of perjury, I declare that I have examined this ge and belief, it is true, correct, and complete, and that I			edules and statemer	nts, ar	nd to the b	est of my
ignature	· Chu Mille	Title ▶	VICE PRESIDENT - TAX	Da	le >	8/1/1	3

Package ID: 9171999991703180885503

Destination ZIP Code: 84201

Customer Reference:

Recipient:

Address:

Address:

PBP Account #: 28946580

Serial #: 3153630

AUG 09 2013 8.42A