Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CTIA - THE WIRELESS ASSOCIATION

% MICHAEL DONNELLAN

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1400 16TH STREET NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
52-1347628

E Telephone number
(202) 736-3200

G Gross receipts $ 81,685,373

F Name and address of principal officer
MEREDITH ATTWELL BAKER
1400 16TH STREET NW
WASHINGTON,DC 20036

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW CTIA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	109
6	Total number of volunteers (estimate if necessary)	6	48
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	59,296
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-39,864

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,633,899	10,982,524
	9	Program service revenue (Part VIII, line 2g)	46,639,755	44,596,473
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,414,307	3,819,901
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-86,658	3,424,209
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,601,303	62,823,107
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,855,430	2,417,492
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,901,652	24,203,165
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,174,731	28,056,475
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	53,931,813	54,677,132
	19	Revenue less expenses Subtract line 18 from line 12	6,669,490	8,145,975

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	138,365,257	161,452,850
	21	Total liabilities (Part X, line 26)	12,372,386	26,868,506
	22	Net assets or fund balances Subtract line 21 from line 20	125,992,871	134,584,344

Part II Signature Block

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

Sign Here

Signature of officer — Date 2015-11-09

MEREDITH ATWELL BAKER PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRAVIS L PATTON	TRAVIS L PATTON	2015-11-09		P00369623

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 600 13TH STREET NW SUITE 1000
WASHINGTON, DC 200053005 — Phone no (202) 414-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

CTIA-THE WIRELESS ASSOCIATION(R) IS AN INTERNATIONAL NONPROFIT MEMBERSHIP ORGANIZATION THAT REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY MEMBERSHIP IN THE ASSOCIATION INCLUDES WIRELESS CARRIERS AND THEIR SUPPLIERS, AS WELL AS PROVIDERS AND MANUFACTURERS OF WIRELESS DATA SERVICES AND PRODUCTS CTIA ADVOCATES ON THEIR BEHALF BEFORE THE EXECUTIVE BRANCH, THE FEDERAL COMMUNICATIONS COMMISSION, CONGRESS, AND STATE REGULATORY AND LEGISLATIVE BODIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

THE ASSOCIATION REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BEFORE CONGRESS, STATE LEGISLATURES, THE FEDERAL COMMUNICATIONS COMMISSION AND OTHER FEDERAL AND STATE ADMINISTRATIVE AGENCIES ON MATTERS OF PUBLIC POLICY, PRODUCT USAGE, AND OTHER ISSUES AFFECTING THE WIRELESS INDUSTRY THE ASSOCIATION ALSO REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BY FILING AMICUS (OR "FRIEND-OF-THE-COURT") BRIEFS IN SUPPORT OF IMPORTANT WIRELESS INTERESTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

THE ASSOCIATION SPONSORS NORTH AMERICA'S LARGEST FORUM FOR MOBILE INNOVATION AND ONE OF THE MOST INFLUENTIAL MOBILE MARKETPLACES THAT BRINGS TOGETHER THE LEADING AUTHORITIES ON CONNECTED LIFE

4c (Code) (Expenses $ including grants of $) (Revenue $)

THE ASSOCIATION ADMINISTERS THE COMMON SHORT CODES ("CSCS") FOR THE WIRELESS COMMUNICATIONS INDUSTRY AND FOR THE BENEFIT OF ALL MEMBERS OF THAT INDUSTRY IN THAT CAPACITY, THE ASSOCIATION ADMINISTERS A CATALOG OF CSCS, ASSIGNS CSCS CONTAINED IN THE CATALOG TO VARIOUS PARTIES WISHING TO USE THOSE CODES, AND MAINTAINS A REGISTRY OF WHICH CSCS HAVE BEEN ASSIGNED AND FOR WHAT PURPOSES, AND WHICH CSCS ARE AVAILABLE FOR ASSIGNMENT CSCS ARE ASSIGNED TO ADVERTISERS AND ADVERTISING AGENCIES, TELEVISION AND RADIO PROGRAMS, DIRECT MARKETING AGENCIES, AND OTHER CONTENT PROVIDERS THAT WISH TO RECEIVE TEXT MESSAGES FROM WIRELESS SUBSCRIBERS TO FACILITATE SUCH ACTIVITIES AS TELEVISION VOTING OR POLLING, INFORMATION REQUESTS, DIRECT RESPONSE MARKETING PROMOTIONS AND WIRELESS ADVERTISING ACTIVITIES INVOLVING THE USE OF CSCS ANNUALLY GENERATE COLLECTIVE REVENUES OF APPROXIMATELY $2 5 BILLION FOR MEMBERS OF THE WIRELESS COMMUNICATIONS INDUSTRY

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 0

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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, line 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 through 24d and complete Schedule K. If "No," go to line 25a*	**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**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	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	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	167			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
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**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	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?			**5c**		
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 as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
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**		
b	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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	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**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	**1a** 36			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	**1b** 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders? . . .		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		**7b**		No
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	
b	Each committee with authority to act on behalf of the governing body? . . .		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .		**9**		No

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	**12c**	Yes	
13	Did the organization have a written whistleblower policy? . . .	**13**	Yes	
14	Did the organization have a written document retention and destruction policy? . . .	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . .	**15a**	Yes	
b	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 taxable entity during the year? . . .	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶MICHAEL DONNELLAN
1400 16TH STREET NW
WASHINGTON, DC 20036 (202) 736-3200

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

		D	E	F
1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,270,918	0	1,578,106

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶50

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WIRELESS MEDIA CONSULTANTS, 12700 FAIR LAKES CIRCLE STE 160 FAIRFAX, VA 22033	CONSULTANTS	1,762,194
WILEY REIN LLP, 1776 K STREET NW WASHINGTON, DC 20006	LEGAL CONSULTANTS	1,489,545
WILKINSON BARKER KNAUER LLP, 2300 N STREET NW STE 700 WASHINGTON, DC 20037	LEGAL CONSULTANTS	1,358,141
THE VENETIAN RESORT HOTEL, 3355 S LAS VEGAS BOULEVARD LAS VEGAS, NV 89109	EXPOSITION	1,241,281
FREEMAN, 1600 VICEROY DRIVE STE 1000 DALLAS, TX 75235	EXPOSITION MGMT	1,016,812

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶31

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b	10,982,524				
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		10,982,524			
Program Service Revenue			Business Code				
	2a	ANNUAL CONVENTION	900099	11,994,242	11,953,842	40,400	
	b	CERTIFICATION	515100	7,658,906	7,658,906		
	c	CTIA ORG	541800	14,506		14,506	
	d	CSC PROGRAM	517000	24,928,819	24,924,950	3,869	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		44,596,473			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		1,361,897		521	1,361,376
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 4,517,101 / (ii)				
	b	Less rental expenses	(i) 1,266,833 / (ii)				
	c	Rental income or (loss)	(i) 3,250,268 / (ii) 0				
	d	Net rental income or (loss) . . . . ▶		3,250,268			3,250,268
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 20,053,437 / (ii)				
	b	Less cost or other basis and sales expenses	(i) 17,595,433 / (ii)				
	c	Gain or (loss)	(i) 2,458,004 / (ii)				
	d	Net gain or (loss) . . . . ▶		2,458,004			2,458,004
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	MANAGEMENT FEES	900099	90,000	90,000		
	b	OTHER NET INCOME FROM SUBSIDIARIES	900099	67,074	67,074		
	c	REALIZED GAIN ON PURCHASE OF CM LAND	900099	8,842	8,842		
	d	All other revenue		8,025	8,025		
	e	**Total.** Add lines 11a–11d . . . . . . ▶		173,941			
	12	**Total revenue.** See Instructions . . . . . ▶		62,823,107	44,711,639	59,296	7,069,648

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,417,492			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,900,023			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	10,152,766			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,305,330			
9 Other employee benefits	1,012,032			
10 Payroll taxes	833,014			
11 Fees for services (non-employees)				
a Management	0			
b Legal	157,450			
c Accounting	288,219			
d Lobbying	6,337,125			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	77,392			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,947,873			
12 Advertising and promotion	0			
13 Office expenses	735,587			
14 Information technology	334,863			
15 Royalties	0			
16 Occupancy	303,854			
17 Travel	878,550			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	3,764			
19 Conferences, conventions, and meetings	5,047,477			
20 Interest	210,932			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,040,680			
23 Insurance	749,202			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PUBLIC POLICY	4,266,194			
b CSC MONITORING	1,762,194			
c REAL ESTATE TAXES	936,053			
d DUES & SUBSCRIPTIONS	216,521			
e All other expenses	762,545			
25 **Total functional expenses.** Add lines 1 through 24e	54,677,132			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		151,118	1	205,622
	2	Savings and temporary cash investments		24,404,053	2	32,370,318
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		3,099,029	4	6,318,803
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,676,999	9	2,421,251
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,020,260			
	b	Less accumulated depreciation	10b 4,032,778	1,036,476	10c	987,482
	11	Investments—publicly traded securities		46,974,143	11	48,969,750
	12	Investments—other securities See Part IV, line 11		60,927,011	12	70,171,670
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		96,428	15	7,954
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		138,365,257	16	161,452,850
Liabilities	17	Accounts payable and accrued expenses		7,745,655	17	10,177,692
	18	Grants payable		0	18	0
	19	Deferred revenue		3,294,056	19	5,660,293
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	10,000,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,332,675	25	1,030,521
	26	**Total liabilities.** Add lines 17 through 25		12,372,386	26	26,868,506
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		125,992,871	27	134,584,344
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		125,992,871	33	134,584,344
	34	Total liabilities and net assets/fund balances		138,365,257	34	161,452,850

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,823,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,677,132
3	Revenue less expenses Subtract line 2 from line 1	3	8,145,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	125,992,871
5	Net unrealized gains (losses) on investments	5	-1,183,717
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,629,215
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,584,344

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 52-1347628
Name: CTIA - THE WIRELESS ASSOCIATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)
CERTIFICATIONS - SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVE LARGENT CEO UNTIL 5/2014 RETIRED 12/14	36 0 4 0	X		X				2,335,334	0	396,021
(1) MEREDITH A BAKER PRESIDENT & CEO (AS OF 6/2014)	36 0 4 0	X		X				536,293	0	347,383
(2) DAN MEAD CHAIRMAN	1 0 0 0	X		X				0	0	0
(3) RONALD SMITH VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
(4) PATRICK RIORDAN CHAIRMAN EMERITUS	1 0 0 0	X		X				0	0	0
(5) BRET COMOLLI TREASURER	1 0 0 0	X		X				0	0	0
(6) ANGEL RUIZ SECRETARY	1 0 0 0	X		X				0	0	0
(7) MANNY BECERRA DIRECTOR	1 0 0 0	X						0	0	0
(8) MARY S CHAN DIRECTOR	1 0 0 0	X						0	0	0
(9) JOHN CHEN DIRECTOR (UNTIL 1/2014)	1 0 0 0	X						0	0	0
(10) JOHN CHIORANDO DIRECTOR	1 0 0 0	X						0	0	0
(11) JEFF CHO DIRECTOR (UNTIL 1/2014)	1 0 0 0	X						0	0	0
(12) R MARCELO CLAURE DIRECTOR (AS OF 8/2014)	1 0 0 0	X						0	0	0
(13) RICK CORKER DIRECTOR (AS OF 4/2014)	1 0 0 0	X						0	0	0
(14) RALPH DE LA VEGA DIRECTOR (UNTIL 8/2014)	1 0 0 0	X						0	0	0
(15) RODNEY DIR DIRECTOR (AS OF 8/2014)	1 0 0 0	X						0	0	0
(16) STEPHEN ELOP DIRECTOR (AS OF 9/2014)	1 0 0 0	X						0	0	0
(17) RIP GERBER DIRECTOR	1 0 0 0	X						0	0	0
(18) JOHN GIERE DIRECTOR	1 0 0 0	X						0	0	0
(19) JEFF GORDON DIRECTOR (UNTIL 8/2014)	1 0 0 0	X						0	0	0
(20) STEPHEN GRAY DIRECTOR (AS OF 8/2014)	1 0 0 0	X						0	0	0
(21) DAN HESSE DIRECTOR (UNTIL 8/2014)	1 0 0 0	X						0	0	0
(22) JUDD HINKLE DIRECTOR	1 0 0 0	X						0	0	0
(23) S DOUGLAS HUTCHESON DIRECTOR (UNTIL 3/2014)	1 0 0 0	X						0	0	0
(24) JAMES HYDE DIRECTOR (UNTIL 8/2014)	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PEGGY JOHNSON DIRECTOR (UNTIL 7/2014)	1 0 0 0	X						0	0	0
(1) JONATHAN KRIEGEL DIRECTOR (AS OF 5/2014)	1 0 0 0	X						0	0	0
(2) BRUCE HYUNG SEOCK LEE DIRECTOR (AS OF 1/2014)	1 0 0 0	X						0	0	0
(3) GREGORY LEE DIRECTOR	1 0 0 0	X						0	0	0
(4) JOHN LEGERE DIRECTOR	1 0 0 0	X						0	0	0
(5) GLENN LURIE DIRECTOR (AS OF 8/2014)	1 0 0 0	X						0	0	0
(6) JIM MACKEY DIRECTOR (AS OF 1/2014)	1 0 0 0	X						0	0	0
(7) CHARLES MARSH DIRECTOR (AS OF 1/2014)	1 0 0 0	X						0	0	0
(8) SETHU MEENAKSHISUNDARAM DIRECTOR (AS OF 1/2014)	1 0 0 0	X						0	0	0
(9) KENNETH MEYERS DIRECTOR	1 0 0 0	X						0	0	0
(10) JEFF MILLER DIRECTOR	1 0 1 0	X						0	0	0
(11) MIKE NARULA DIRECTOR	1 0 0 0	X						0	0	0
(12) BASHAR NEJDAWI DIRECTOR (AS OF 5/2014)	1 0 0 0	X						0	0	0
(13) EDDIE O'BRIEN DIRECTOR (UNTIL 9/2014)	1 0 0 0	X						0	0	0
(14) FJ POLLAK DIRECTOR	1 0 0 0	X						0	0	0
(15) MATT ROTHSCHILD DIRECTOR (UNTIL 4/2014)	1 0 0 0	X						0	0	0
(16) RICHARD RUHL DIRECTOR	1 0 0 0	X						0	0	0
(17) JAY SHEDD DIRECTOR (UNTIL 5/2014)	1 0 0 0	X						0	0	0
(18) JOHN SIMS DIRECTOR (UNTIL 1/2014)	1 0 0 0	X						0	0	0
(19) SLAYTON STEWART DIRECTOR	1 0 0 0	X						0	0	0
(20) CHARLES TOWNSEND DIRECTOR	1 0 0 0	X						0	0	0
(21) DR GUY L TRIBBLE DIRECTOR	1 0 0 0	X						0	0	0
(22) HOWARD WRIGHT DIRECTOR (FROM 7-12/2014)	1 0 0 0	X						0	0	0
(23) ROBERT VRIJ DIRECTOR (UNTIL 1/2014)	1 0 0 0	X						0	0	0
(24) WIRT YERGERIII DIRECTOR	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(51) MICHAEL ALTSCHUL SVP & GEN COUNSEL	36 0 4 0				X			689,151	0	121,584
(1) ROCCO CARLITTI VP, FINANCE & ADMIN	38 0 2 0				X			425,435	0	110,698
(2) BRADLEY GILLEN EXECUTIVE VP (AS OF 7/2014)	40 0 0 0				X			221,935	0	19,422
(3) CHRIS GUTTMAN-MCCABE EXECUTIVE VP (UNTIL 11/2014)	38 0 2 0				X			1,486,541	0	61,496
(4) ROBERT MESIROW VP, OPERATIONS	40 0 0 0				X			437,276	0	61,140
(5) JOHN WALLS VP, PUB AFF (UNTIL 11/2014)	32 0 8 0				X			839,695	0	64,468
(6) SCOTT BERGMANN VP, REG AFFAIRS	40 0 0 0					X		438,845	0	66,869
(7) JOT CARPENTER VP, GOVT AFFAIRS	38 0 2 0					X		555,995	0	114,230
(8) DAVID DIGGS VP, WIRELESS INT DEV	40 0 0 0					X		380,529	0	56,963
(9) JAMIE HASTINGS VP, EXT & STATE AFFAIRS	40 0 0 0					X		555,658	0	106,944
(10) JOHN MARINHO VP, CYBERSECURITY	40 0 0 0					X		368,231	0	50,888

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

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

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

Name of the organization	Employer identification number
CTIA - THE WIRELESS ASSOCIATION	52-1347628

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ► $ 105,000

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $ 105,000

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► $ 105,000

4 Did the filing organization file **Form 1120-POL** for this year? ☑ Yes ☐ No

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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION	1580 LINCOLN ST DENVER,CO 80203	13-4220019	25,000	0
(2) REPUBLICAN STATE LEADERSHIP COMMITTEE	1201 F STREET NW WASHINGTON,DC 20004	05-0532524	30,000	0
(3) DEMOCRATIC LEGISLATIVE CAMPAIGN	1401 K STREET NW WASHINGTON,DC 20005	52-1870839	25,000	0
(4) REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	1747 PENNSYLVANIA AVE NW SUITE 800 WASHINGTON,DC 20006	46-4501717	25,000	0

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ **Yes**	☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	CTIA GIVES TO THE FOLLOWING ORGANIZATIONS DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION - $25,000, REPUBLICAN STATE LEADERSHIP COMMITTEE - $30,000, DEMOCRATIC LEGISLATIVE CAMPAIGN - $25,000, REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - $25,000 THE TOTAL AMOUNT OF WHICH EQUALS $105,000

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316058785

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CTIA - THE WIRELESS ASSOCIATION

Employer identification number
52-1347628

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		217,229	95,866	121,363
d Equipment		4,803,031	3,936,912	866,119
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				987,482

Part VII Investments—Other Securities. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11b. See Form 990, Part X, lıne 12.

(a) Descrıptıon of securıty or category (ıncludıng name of securıty)	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
(1) Fınancıal derıvatıves		
(2) Closely-held equıty ınterests		
(3) Other (A) RESOURCES & CONSERVATION CNTR	56,850,663	F
(B) CM LAND, LLC	13,321,007	F
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 12)* ▶	70,171,670	

Part VIII Investments—Program Related. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11c. See Form 990, Part X, lıne 13.

(a) Descrıptıon of ınvestment	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 13)* ▶		

Part IX Other Assets. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11d See Form 990, Part X, lıne 15

(a) Descrıptıon	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) lıne 15.)* . . . . ▶	

Part X Other Liabilities. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11e or 11f. See Form 990, Part X, lıne 25.

1 (a) Descrıptıon of lıabılıty	(b) Book value
Federal ıncome taxes	0
RENTAL LIABILITIES	998,471
INTEREST SWAP	32,050
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 25)* ▶	1,030,521

2. Lıabılıty for uncertaın tax posıtıons In Part XIII, provıde the text of the footnote to the organızatıon's fınancıal statements that reports the organızatıon's lıabılıty for uncertaın tax posıtıons under FIN 48 (ASC 740) Check here ıf the text of the footnote has been provıded ın Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	66,642,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	7,754,992		
e	Add lines **2a** through **2d**			2e	7,754,992
3	Subtract line **2e** from line **1**			3	58,887,145
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	77,392		
b	Other (Describe in Part XIII)	4b	3,858,570		
c	Add lines **4a** and **4b**			4c	3,935,962
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	62,823,107

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	58,200,216
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,712,679		
e	Add lines **2a** through **2d**			2e	3,712,679
3	Subtract line **2e** from line **1**			3	54,487,537
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	77,392		
b	Other (Describe in Part XIII)	4b	112,203		
c	Add lines **4a** and **4b**			4c	189,595
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	54,677,132

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	EFFECTIVE FOR THE YEAR ENDED DECEMBER 31, 2009, CTIA IS SUBJECT TO THE FINANCIAL ACCOUNTING RULES FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS PRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTABLE FOR THE FINANCIAL STATEMENTS OF TAX POSITIONS TAKEN ON CTIA'S TAX RETURN CTIA HAS REVIEWED ALL OF ITS TAX POSITIONS TAKEN ON TAX RETURNS AND HAS CONCLUDED THAT NONE OF THE TAX POSITIONS FALL ABOVE THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AS A RESULT, NO TAX LIABILITIES ARE RECORDED FOR THE YEARS ENDED DECEMBER 31, 2014 OR 2013 RELATED TO THIS MATTER
PART XI, LINE 2D	INCOME FROM SUBSIDIARIES $7,754,992
PART XI, LINE 4B	EQUITY IN SUBSIDIARY ADJUSTMENT $599,460, GAIN ON PURCHASE OF CM LAND LLC $8,842, REAL ESTATE REVENUE $4,517,101, REAL ESTATE EXPENSE -$1,266,833
PART XII, LINE 2D	EXPENSES FROM SUBSIDIARIES $2,445,846, REAL ESTATE EXPENSE $1,266,833
PART XII, LINE 4B	CTIA RENT TO RCC ADJUSTMENT ($33,627), GAAP STRAIGHT LINE RENT ADJUSTMENT $145,830

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CTIA - THE WIRELESS ASSOCIATION

Employer identification number
52-1347628

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) South America			Program Services	CSC REGISTRY	14,266
(2)					
(3)					
(4)					
(5)					
3a Sub-total					14,266
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					14,266

Part II **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. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 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 . . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 52-1347628
Name: CTIA - THE WIRELESS ASSOCIATION

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CTIA - THE WIRELESS ASSOCIATION

Employer identification number
52-1347628

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 38

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 11

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	CTIA ONLY PROVIDES GRANT AND CONTRIBUTION ASSISTANCE TO ORGANIZATIONS WITHIN THE UNITED STATES ANNUALLY CTIA WILL EVALUATE AN ORGANIZATION'S MISSION TO DETERMINE IF IT HAS THE SAME GOALS AND INITIATIVES AS CTIA ORGANIZATIONS DEEMED TO BE SIMILAR IN MISSION WILL BE CONSIDERED FOR FUTURE FUNDING ALL GRANT ASSISTANCE NEEDS TO BE SUBSTANTIATED IN ACCORDANCE WITH THE ACCOUNTING POLICY AND PROCEDURES MANUAL THIS POLICY REQUIRES 2 OR 3 LEVELS OF APPROVAL DEPENDING ON THE AMOUNT INVOLVED THE CRITERIA USED TO DETERMINE GRANTEES' ELIGIBILITY FOR GRANTS OR ASSISTANCE AWARDS REQUIRES RECIPIENT ORGANIZATIONS TO HAVE THE FOLLOWING SUPPORT GROUPS WHO HAVE LIKE MINDED VIEWS ON ISSUES THAT IMPACT THEIR GENERAL MEMBERSHIP MUST BE IN GOOD BUSINESS STANDING SUPPORT GENERAL CHARITABLE AND/OR EDUCATIONAL PURPOSES THE SELECTION CRITERIA USED TO AWARD GRANTS OR CONTRIBUTIONS IS BASED ON THE CTIA PROGRAM GOALS

Additional Data

Software ID:
Software Version:
EIN: 52-1347628
Name: CTIA - THE WIRELESS ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FOUNDATION FOR THE BLIND2 PENN PLAZA STE 1102 NEW YORK, NY 10121	13-5562161	501(C)(3)	24,547				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LEGISLATIVE EXCHANGE COUNCIL1101 VERMONT AV NW WASHINGTON,DC 20005	52-0140979	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
APPLICATION DEVELOPERS ALLIANCE 1025 F ST NW WASHINGTON,DC 20004	45-3969025	501(C)(6)	30,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FORWARD325 7TH ST NW WASHINGTON,DC 20004	27-2429741	501(C)(4)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY YEAR WASHINGTON DC1875 CONNECT AVE NW WASHINGTON,DC 20009	22-2882549	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPETITIVE CARRIERS ASSOCIATION805 15TH ST NW WASHINGTON,DC 20005	75-2454806	501(C)(6)	5,600				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACH AVE NW WASHINGTON,DC 20036	52-1160561	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE300 M ST SE STE 510 WASHINGTON,DC 20003	52-1114225	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CRITTENTON SERVICES OF GREATER WASHINGTON 815 SILVR SPRING AV SILVER SPRING, MD 20910	53-0196511	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DANA- FARBER MARATHON CHALLENGEPO BOX 415601 BOSTON,MA 02241	04-2263040	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWNLOAD FAIRNESS COALITIONPO BOX 3651 ARLINGTON,VA 22203	27-4415652	501(C)(4)	60,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EJ KRAUSE & ASSOCIATES 6430 ROCKLEDGE DR BETHESDA,MD 20817	52-1540973		10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMERGING ISSUES POLICY FORUMPO BOX 1825 WINDERMERE,FL 34786	90-0516093		7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVERYBODY WINS DC1213 K ST NW WASHINGTON,DC 20005	52-1938281	501(C)(3)	10,800				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY ONLINE SAFETY INSTITUTE400 7TH ST NW WASHINGTON,DC 20004	52-2210323	501(C)(3)	40,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FCBA FOUNDATION1020 19TH ST NW WASHINGTON,DC 20036	51-0334407	501(C)(3)	20,370				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLOBAL WOMEN'S INNOVATION NETWORK 233 PENNSYLV AVE SE WASHINGTON,DC 20003	27-1428117	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEARING LOSS ASSOCIATION OF AMERICA7910 WOODMONT AVE BETHESDA,MD 20814	52-1177011	501(C)(3)	15,943				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOINT CENTER FOR POLITICAL & ECON STUDIES2000 H ST NW STE 422 WASHINGTON, DC 20052	52-1069070	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY4412 COLCHESTER DR KENSINGTON,MD 20895	13-5644916	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINORITY MEDIA & TELECOM CNSL3636 16TH ST NW WASHINGTON,DC 20010	52-1880677	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIRIAMS'S KITCHEN2401 VIRGINIA AVE NW WASHINGTON,DC 20037	52-1331552	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MULIPLE MYELOMA CHARITY CLASSIC1316 ALEXANDRIA AVE ALEXANDRIA,VA 22308	26-3835874	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MYWIRELESSORG1400 16TH ST NW WASHINGTON,DC 20036	20-2404168	501(C)(4)	1,096,239				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NALEO EDUCATIONAL FUND1122 W WASH BLVD LOS ANGELES,CA 90015	52-1212849	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL ASSO OF BLACK COUNTY OFFICIALS1425 K ST NW WASHINGTON,DC 20005	33-0031000	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL BLACK CAUCUS OF STATE LEGISLATORS 444 N CAPITAL ST NW WASHINGTON, DC 20001	52-1218832	501(C)(3)	20,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL CONFERENCE OF STATE LEGISLATURES 444 N CAPITAL ST NW WASHINGTON, DC 20001	84-0772595	501(C)(3)	285,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL FND FOR WOMEN LEGISLATORS INC 1050 17TH ST NW WASHINGTON,DC 20036	52-1480785	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL HEALTHY MOTHERS HEALTHY BABIES4401 FORD AVE ALEXANDRIA, VA 22302	52-1542496	501(C)(3)	9,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NTL HISPANIC CAUCUS OF STATE LEGISLATORS444 N CAPITAL ST NW WASHINGTON,DC 20001	84-1168319	501(C)(3)	52,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL LEAGUE OF CITIES1301 PENNSYLV AVE NW WASHINGTON,DC 20004	53-0226780	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL TAXPAYERS UNION108 NORTH ALFRED ST ALEXANDRIA,VA 22314	52-1009116	501(C)(4)	40,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NCSL FOUNDATION FOR STATE LEGISLATURES7700 EAST FIRST PLACE DENVER,CO 80230	74-2232576	501(C)(3)	12,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW YORK LAW SCHOOL 185 W BROADWAY RM E-916 NEW YORK, NY 10013	13-5645885	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NG9-1-1317 MASSACH AVE NE WASHINGTON,DC 20002	20-0293876	501(C)(3)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NOBELWOMEN20 F ST NW STE 743 WASHINGTON,DC 20001	95-4546966	501(C)(3)	20,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POLITIC365 LLC250 K ST NE STE 213 WASHINGTON,DC 20002	90-0544495		10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STATE GOVERNMENT AFFAIRS COUNCIL515 KING ST STE 325 ALEXANDRIA,VA 22314	52-1067087	501(C)(6)	7,115				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STATE LEGISLATIVE LEADERS FOUNDATION 1645 FALMOUTH RD CENTERVILLE, MA 02632	23-7148478	501(C)(3)	35,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAX FOUNDATION529 14TH ST NW WASHINGTON,DC 20045	52-1703065	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TELECOM COUNCIL OF SILICON VALLEY910 E MOCKINGBIRD LN PLEASONTON,CA 94566	26-0336368		15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COUNCIL OF STATE GOVERNMENTS2760 RESEARCH PARK DR LEXINGTON, KY 40511	36-6000818	501(C)(3)	17,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ECONOMIC CLUB1156 15TH ST NW WASHINGTON,DC 20005	52-1469926	501(C)(3)	5,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FREE STATE FOUNDATIONPO BOX 60680 POTOMAC,MD 20859	74-3160646	501(C)(3)	63,750				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE INFO TECH & INNOVATION FOUNDATION1101 K ST NW STE 610 WASHINGTON,DC 20005	20-4403497	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MEDIA INSTITUTE 2300 CLARENDON BLVD ARLINGTON,VA 22201	52-1061431	501(C)(3)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THIRD WAY FOUNDATION 1101 14TH ST NW WASHINGTON,DC 20005	52-1629221	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT ST DENVER, CO 80230	84-6049811	501(C)(3)	20,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CTIA - THE WIRELESS ASSOCIATION

Employer identification number
52-1347628

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ 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 payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	ALL CTIA EMPLOYEES RECEIVE STANDARD LIFE INSURANCE COVERAGE ADDITIONALLY, ALL EMPLOYEES WITH THE TITLE VICE PRESIDENT AND ABOVE RECEIVE ADDITIONAL LIFE INSURANCE COVERAGE IN EXCESS OF THE STANDARD AMOUNT THIS ADDITIONAL LIFE INSURANCE IS CONSIDERED TAXABLE INCOME TO THE EMPLOYEE IN ORDER TO OFFSET THE TAX IMPACT ON THIS ADDITIONAL BENEFIT, CTIA USES THE "GROSS UP" METHOD TO COVER THE TAXES FOR THE EMPLOYEES ANNUALLY, THE ASSOCIATION PROVIDES THE PRESIDENT/CEO AN EXECUTIVE PERQUISITE THESE PERQUISITES INCLUDE AN ALLOWANCE WHICH CAN BE USED FOR PROFESSIONAL MEMBERSHIP, TAX AND ACCOUNTING SERVICES THE ASSOCIATION INCLUDES THESE PERQUISITES IN THE EMPLOYEE'S TAXABLE WAGES (W-2)
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT THE PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) CHRIS GUTTMAN-MCCABE - $371,608 JOHN WALLS - $229,088
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN FROM CTIA THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION 1)STEVE LARGENT - $300,000 2)MEREDITH A BAKER - $291,663 3)MICHAEL ALTSCHUL - $50,000 4)ROCCO CARLITTI - $50,000 5)JOT CARPENTER - $50,000 6)JAMIE HASTINGS - $50,000

Additional Data

Software ID:
Software Version:
EIN: 52-1347628
Name: CTIA - THE WIRELESS ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 STEVE LARGENT, CEO UNTIL 5/2014 RETIRED 12/14	(i)	1,161,942	1,055,000	118,392	333,801	62,220	2,731,355	0
	(ii)	0	0	0	0	0	0	0
1 MEREDITH A BAKER, PRESIDENT & CEO (AS OF 6/2014)	(i)	536,293	0	0	320,023	27,360	883,676	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL ALTSCHUL, SVP & GEN COUNSEL	(i)	510,246	178,905	0	83,801	37,783	810,735	0
	(ii)	0	0	0	0	0	0	0
3 ROCCO CARLITTI, VP, FINANCE & ADMIN	(i)	351,189	74,246	0	83,801	26,897	536,133	0
	(ii)	0	0	0	0	0	0	0
4 BRADLEY GILLEN, EXECUTIVE VP (AS OF 7/2014)	(i)	221,935	0	0	2,306	17,116	241,357	0
	(ii)	0	0	0	0	0	0	0
5 CHRIS GUTTMAN-MCCABE, EXECUTIVE VP (UNTIL 11/2014)	(i)	527,658	348,927	609,956	33,801	27,695	1,548,037	150,000
	(ii)	0	0	0	0	0	0	0
6 ROBERT MESIROW, VP, OPERATIONS	(i)	370,322	66,954	0	32,804	28,336	498,416	0
	(ii)	0	0	0	0	0	0	0
7 JOHN WALLS, VP, PUB AFF (UNTIL 11/2014)	(i)	410,786	199,821	229,088	33,801	30,667	904,163	0
	(ii)	0	0	0	0	0	0	0
8 SCOTT BERGMANN, VP, REG AFFAIRS	(i)	368,361	70,484	0	33,371	33,498	505,714	0
	(ii)	0	0	0	0	0	0	0
9 JOT CARPENTER, VP, GOVT AFFAIRS	(i)	444,600	111,395	0	83,801	30,429	670,225	0
	(ii)	0	0	0	0	0	0	0
10 DAVID DIGGS, VP, WIRELESS INT DEV	(i)	303,908	76,621	0	32,017	24,946	437,492	0
	(ii)	0	0	0	0	0	0	0
11 JAMIE HASTINGS, VP, EXT & STATE AFFAIRS	(i)	444,804	110,854	0	82,036	24,908	662,602	0
	(ii)	0	0	0	0	0	0	0
12 JOHN MARINHO, VP, CYBERSECURITY	(i)	294,333	73,898	0	33,801	17,087	419,119	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
CTIA - THE WIRELESS ASSOCIATION	52-1347628

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1	
PART III, LINE 4D	THE ASSOCIATION ADMINISTERS SEVERAL PRODUCT TESTING AND CERTIFICATION PROGRAMS INCLUDING P ROGRAMS RELATING TO CERTAIN TYPES OF NEW WIRELESS PRODUCTS AND BATTERIES USED FOR WIRELESS TELEPHONES THESE PROGRAMS TEST CONSUMER WIRELESS PRODUCTS FOR CONFORMANCE TO ESTABLISHED INDUSTRY STANDARDS THEY PROVIDE THE WIRELESS INDUSTRY WITH AN UNBIASED, INDEPENDENT AND CENTRALIZED PRODUCT EVALUATION SERVICE.
PART VI, LINE 6	THE ORGANIZATION HAS TWO CLASSES OF VOTING MEMBERS WIRELESS CARRIER MEMBERS AND SUPPLIER MEMBERS EACH CLASS OF VOTING MEMBERS HAS TWO OR MORE MEMBERSHIP CATEGORIES CTIA MAY ALSO HAVE NON-VOTING ASSOCIATE MEMBERS WHOSE RIGHTS ARE DETERMINED BY CTIA'S PRESIDENT
PART VI, LINE 7A	EACH WIRELESS CARRIER MEMBER AND SUPPLIER MEMBER, AND ITS MEMBER REPRESENTATIVE, SHALL HAV E THE RIGHT TO BE NOMINATED AND ELECTED BY THE MEMBERSHIP AND SERVE AS A MEMBER OF THE BOA RD AND EXECUTIVE COMMITTEE. EACH LARGE CARRIER, MID-SIZED CARRIER, AND LARGE SUPPLIER SHAL L BE ENTITLED TO APPOINT ONE DIRECTOR TO THE BOARD, SMALL CARRIER MEMBERS CAN ELECT NO MOR E THAN NINE DIRECTORS TO THE BOARD, AND OTHER SUPPLIERS CAN ELECT NO MORE THAN EIGHT DIREC TORS TO THE BOARD
PART VI, LINE 11B	THE CTIA 2014 FORM 990 WAS PREPARED BY PRICEWATERHOUSECOOPERS AND REVIEWED BY MANAGEMENT A ND CTIA'S AUDIT COMMITTEE. A COPY OF THE RETURN WAS PROVIDED TO CTIA'S BOARD OF DIRECTORS AND OFFICERS ALL MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO REVIEW THE D OCUMENT ALL APPROPRIATE CHANGES WERE INCORPORATED IN THE FINAL DRAFT BEFORE SUBMISSION TO THE IRS
PART VI, LINE 12C	AT THE START OF EACH FISCAL YEAR, CTIA SEEKS TO ENSURE COMPLIANCE WITH THE CONFLICT OF INT EREST POLICY BY HAVING EMPLOYEES WITH DECISION-MAKING AUTHORITY OVER CTIA ACTIVITIES DISCL OSE ANY SITUATION OR AREAS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A DI SCLOSURE STATEMENT DETAILING ANY PROFESSIONAL, BUSINESS, OR VOLUNTEER POSITION OR RESPONSI BILITIES THAT MIGHT GIVE RISE TO CONFLICTS IN ADDITION, ANNUALLY CTIA REQUESTS THAT EACH BOARD MEMBER DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO SERVING ON THE B OARD OF DIRECTORS WHEN CONFLICTS OR POTENTIAL CONFLICTS ARISE, THEY ARE EVALUATED BY THE GENERAL COUNSEL'S OFFICE WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY CONFLI CTS ARE RESOLVED THROUGH COORDINATION WITH THE ASSOCIATION'S CEO, AND IF APPROPRIATE, CTIA 'S BOARD CHAIRMAN
PART VI, LINES 15A & 15B	CTIA'S COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF CTIA'S SENIOR MANAG EMENT THE COMMITTEE MEETS ANNUALLY AND CONSISTS OF UP TO SIX INDEPENDENT BOARD MEMBERS C TIA ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA FOR SIMILAR POSI TIONS, ORGANIZATIONS AND INDUSTRY THE DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMP ORANEOUSLY SUBSTANTIATED BY THE APPROVAL OF MINUTES WITH THE TERMS OF THE CEO'S COMPENSATI ON BEING DETAILED IN AN EMPLOYMENT CONTRACT RESULTS OF THE COMPENSATION COMMITTEE ARE PRO VIDED ANNUALLY TO THE BOARD OF DIRECTORS FOR EMPLOYEES OTHER THAN SENIOR MANAGEMENT, CTIA PERFORMS AN ANNUAL MARKET ANALYSIS TO DETERMINE IF COMPENSATION IS COMPARABLE TO SIMILAR ORGANIZATIONS AND INDUSTRIES
PART VI, LINE 19	CTIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS A VAILABLE TO ITS MEMBERS, HOWEVER IT DOES NOT PROVIDE THIS INFORMATION TO THE GENERAL PUBLI C
PART XI, LINE 9	INCOME FROM RESOURCES & CONSERVATION CENTER $720,158, INCOME FROM SQUARE 181 INCORPORATED $7,274, GAAP STRAIGHT LINE RENT ADJUSTMENT $145,829, DEFERRED TAXES ($82,054), RETAINED EARNINGS OF RCC $838,008

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CTIA - THE WIRELESS ASSOCIATION

Employer identification number
52-1347628

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CTIA INDEMNITY COMPANY LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 26-1442352	CAPTIVE INSUR	DC	673,201	9,794,904	CTIA
(2) CTIA SPECTRUM CLEARINGHOUSE LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 56-2615684	INFO CLRGHSE	DC	193,806	-7,999	CTIA
(3) LATAM CSCA LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 27-2279624	CSC REGISTRY	DC	13,540	-726	CTIA
(4) RESOURCES & CONSERVATION CENTER 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 52-1460393	REAL ESTATE	DC	9,113,401	63,183,233	CTIA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) THE WIRELESS FOUNDATION 1400 16TH STREET NW WASHINGTON, DC 20036 52-1708229	CHARITBL SUPT	DC	501(C)(3)	11, TYPE II	CTIA	Yes	
(2) MYWIRELESSORG 1400 16TH STREET NW WASHINGTON, DC 20036 20-2404168	GRASRTS ADVOC	DC	501(C)(4)		CTIA	Yes	
(3) CTIA- THE WIRELESS ASSOCIATION PAC 1400 16TH STREET NW WASHINGTON, DC 20036	PAC	DC	527		CTIA	Yes	
(4) CTIA- THE WIRELESS ASSOC CA PAC 455 CAPITOL MALL STE 600 SACRAMENTO, CA 95814	PAC	DC	527		CTIA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) RESOURCES & CONSERVATION CNTR 1400 16TH STREET NW WASHINGTON, DC 20036 52-1460393	REAL ESTATE RENT	DC	CTIA	EXCLUDED	720,158	0		No	0		No	99 000 %
(2) CM LAND LLC 1400 16TH ST NW WASHINGTON, DC 20036 41-2106041	REAL ESTATE RENT	DC	NA	EXCLUDED	524,982	9,805,915		No	0		No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) SQUARE 181 INCORPORATED 1400 16TH STREET NW WASHINGTON, DC 20036 52-1460505	REAL ESTATE RENT	DC	CTIA	C	7,274	0	100 000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART I, LINE (4) AND PART III, LINE (1)	RESOURCES & CONSERVATION CENTER WAS ORGANIZED AS A PARTNERSHIP UNTIL 04/17/2014 AT THAT TIME, RESOURCES & CONSERVATION CENTER BECAME A DISREGARDED ENTITY OF CTIA

Additional Data

Software ID:
Software Version:
EIN: 52-1347628
Name: CTIA - THE WIRELESS ASSOCIATION

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MYWIRELESSORG	B	1,096,239	GAAP
THE WIRELESS FOUNDATION	D	7,500	GAAP
RESOURCES & CONSERVATION CNTR	K	1,722,333	GAAP
MYWIRELESSORG	N	114,476	GAAP
THE WIRELESS FOUNDATION	N	118,971	GAAP
MYWIRELESSORG	O	886,164	GAAP
THE WIRELESS FOUNDATION	O	1,012,331	GAAP
THE WIRELESS FOUNDATION	Q	90,000	GAAP