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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

| A F | or the | 2015 calendar year, or tax year beginning an | d ending | | |
|--|---------------------------|---|----------------|---|--------------------|
| В | Check if ipplicable | C Name of organization | | D Employer identification number | _ |
| | Addres | UNITED STATES TELECOM ASSOCIATION | | | |
| | Name chang | IICMEI ECOM | | 53-0159345 | |
| | Initial return | Number and street (or P 0. box if mail is not delivered to street address) | Room/sui | te E Telephone number - | |
| | Final return/ | 607 14TH STREET | 400 | (202) 326-7300 | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ 13,260,072 | <u>: -</u> |
| <u> </u> | Amend return Applic | WASHINGTON, DC 20005 | | H(a) Is this a group return | |
| | tion pendir | F Name and address of principal officer WADTER B. MCCORMIC | K, JR | | |
| | | SAME AS C ABOVE | | | io |
| | | empt status 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1 e: ► WWW.USTELECOM.ORG |) or 5: | If "No," attach a list (see instructions) | |
| | | organization: X Corporation Trust Association Other ► | I. va | H(c) Group exemption number ar of formation: 1897 M State of legal domicile: 1 | |
| | art I | Summary | IL Ye | ar of formation: 1097] M State of legal domicile: 1 | <u>. 11</u> |
| نـــــــــــــــــــــــــــــــــــــ | | Briefly describe the organization's mission or most significant activities: SEE | SCHED | ULE O | |
| g | ' | briefly describe the organization's mission of most significant activities. | | | _ |
| Governance | 2 | Check this box (if the organization discontinued its operations or dispositions) | osed of mo | re than 25% of its net assets | _ |
| Ver | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 1 1 | .8 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | . 8 |
| Activities & | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | | | 29 |
| Vitie | 6 | Total number of volunteers (estimate if necessary) | | | . 9 |
| Ę | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | <u>.</u> |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | γ | 7ь0 | • |
| | | | - | Prior Year Current Year | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | • | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | - | 13,087,967, 12,767,741 | |
| Вè | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | - | 638,522. 474,810 | |
| | וון | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u> -</u> | 13,386. 17,521 13,739,875. 13,260,072 | |
| _ | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 258,600. 147,500 | |
| | t | Benefits paid to or for members (Part IX, column (A), line 4) | - | | ÷ |
| | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u> </u> | 8,510,587. 7,558,012 | <u> </u> |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. 0 | |
| ber | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | Ť |
| ň | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 6,330,748. 7,008,695 | - |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 15,099,935. 14,714,207 | <u> </u> |
| | | Revenue less expenses Subtract line 18 from line 12 | | -1,360,0601,454,135 | $\overline{\cdot}$ |
| t Assets or | | | <u> </u> | Beginning of Current Year End of Year | |
| sets | 20 | Total assets (Part X, line 16) | <u> </u> | <u>19,241,752.</u> <u>19,088,108</u> | |
| AB | 21 | Total liabilities (Part X, line 26) | | 4,691,619. 6,553,432 | |
| Net | | Net assets or fund balances Subtract line 21 from line 20 | | 14,550,133. 12,534,676 | <u>.</u> |
| - | art II | Signature Block | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedul | | | |
| Trine | , correc | t, and complete. Declaration of preparer tother than officer) is based on all information of v | vilicii prepar | 11 /1 /2016 | — |
| Sig | _ | Signature of officer | | Date | — |
| ېږې Her | | • | CEO | | |
| | C | Type or print name and title | | | _ |
| <u>.</u> i | | Print/Type preparer's name Preparer's signature | | Date Check PTIN | _ |
| - Paid | i | FREDERICK LONGWOOD | _ | 10/3/6/self-employed P00439715 | |
| | parer | Firm's name TATE AND TRYON | 7 | Firm's EIN 52-1855942 | _ |
| -1 | Only | Firm's address > 2021 L STREET, NW SUITE 400 | | | |
| <u>}_</u> | | WASHINGTON, DC 20036 | | Phone no (202) 293-2200 | |
| Ma | the IF | RS discuss this return with the preparer shown above? (see instructions) | | | 0_ |
| 5320 | 01 12-1 | LHA For Paperwork Reduction Act Notice, see the separate instruct | ions. | Form 990 (201 | 5) |

532002

| | | —— | т | _ |
|----------|--|----------|-------------|--|
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | Ì. | | |
| _ | If "Yes," complete Schedule A | 1-1- | ├ ── | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | ├ ── | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 7. |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | ١. | NT / | , |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | N/ | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | ļ |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _5 | Х | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 1,, |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| _ | Schedule D, Part III | 8 | ļ | X |
| 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 | | X |
| 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 | | X |
| 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 | <u> </u> | | ļ |
| а | , and an | | 3.7 | |
| _ | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | l | ٠,, | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| ¢ | J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 7.7 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | - | X |
| a | 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 | | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d | | |
| e | | 11e | Α | |
| 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 | 444 | | X |
| 40- | | 11f | | Α. |
| 128 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 100 | | Х |
| 1 | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | - 1 |
| Ø | - | 12b | Х | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | 44 | X |
| 14a | | 14a | | X |
| 14a b | | 140 | | |
| D | 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 | | Х |
| 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 | 175 | | |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | <u> </u> | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | " | | |
| • • | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | j | X |
| 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 | 1 | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | " | | |
| .5 | complete Schedule G. Part III | 19 | | Х |
| | VALIDADE SERVING MET HIT III | Form | 990 | |
| | | | , | / |

532003 12-16-15

| Pa | rt IV Checklist of Required Schedules (continued) | 39343 | | age ' |
|-----|--|---------|--------------|--------------|
| 20- | Did the expression energic one or more been tell feetly too? If the expression of th | 00- | Yes | |
| | " real complete compacts." | 20a | ├ | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | - |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 01 | x | |
| 22 | | 21 | <u> </u> | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 00 | j | X |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | | ^ |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete |] | Ì | |
| | . , | 23 | Х | |
| 242 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | - |
| 240 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | Ì | | Ì |
| | · | 24a | | x |
| h | Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 1 |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | ┼- |
| · | any tax-exempt bonds? | 24c | |] |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | <u> </u> | ├── |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | N/ | A |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | / | |
| _ | 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 | N/ | A |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 1-3-2 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | х |
| 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 | | | į |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | 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 | | _X_ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | _ |
| | If "Yes," complete Schedule N, Part I | 31 | | _X_ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 1 1 | | |
| | Schedule N, Part II | 32 | | <u> X</u> |
| 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 | | X |
| 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 | <u>X</u> | 37 |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| 00 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 1 1 | NT / | 7\ |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | N/ | <u></u> |
| 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 | | х |
| | and that is iteated as a partificially for redefactificable tax duitoses ("it "yes" complete Scredille H. Part VI | ا /ای ا | | Λ |

Form **990** (2015)

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

| | 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 51 | | - 1 3 3 | 1 | | | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | İ | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning | | · | } | | | | | |
| | (gambling) winnings to prize winners? | 1c | Х | | | | | | |
| 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 29 | | | } | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| 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 | | | | | | | |
| 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)? | | | | | | | | |
| 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_ | L | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| С | 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 | 1 1 | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | X | <u> </u> | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | 1 | | | | | |
| | were not tax deductible? | 6b | X | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). N/A | | | | | | | | |
| а | 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 | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | . 1 | ł | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | | | | | | | |
| 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 | N/ | A A | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | ŀ | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | 1 | . } | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | [| | | | | |
| 11 | Section 501(c)(12) organizations. Enter | ŀ | | 1 | | | | | |
| а | Gross income from members or shareholders N/A 11a | . 1 | 1 | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them) | | | | | | | | |
| 12a | | 12a | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A | 10- | + | | | | | | |
| а | , | 13a | + | | | | | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O | | İ | l | | | | | |
| D | 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 | | | ł | | | | | |
| _ | Enter the amount of reserves on hand | - | [| | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | - | | | | | | |
| | The province of the contract o | | 990 / | (2045) | | | | | |

532005 12-16-15

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 18 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8h 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website ____ Another's website Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (202) 326-7300 14TH STREET, NO. 400, WASHINGTON DC 20005 607

Form 990 (2015)

532006 12-16-15

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organization | | J.ya | 1114a | | | ihei | اعمداد | | | (5) |
|---|--|--|-----------------------|--------------|--------------|--|----------|-------------------------|---------------------------|------------------------|
| (A) | (B) | } | | | C) sitior | , | | (D) | (E) | (F) |
| Name and Title | Average hours per | | not c | heck | more | than o | | Reportable compensation | Reportable | Estimated amount of |
| | week | | cer ar | | | | | from | compensation from related | other |
| | (list any | į | | | | | | the | organizations | compensation |
| | hours for | r director | ۵. | | | eq | | organization | (W·2/1099-MISC) | from the |
| | related | stee o | rustee | | | eusal | | (W-2/1099-MISC) | | organization |
| | organizations | altu | onalt | | ployer | S s | | | | and related |
| | below line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| STEVE DAVIS (THRU JUNE 2015) | 2.00 | = - | = | - | Ť | 王亚 | Œ. | | | |
| CHAIRMAN | | X | | х | | | | 0. | 0. | 0. |
| SCOTT BARBER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | <u> </u> | | | | | 0. | 0. | 0. |
| JOHN JONES | 2.00 |] | | | | | | | | |
| TREASURER | | X | | X | <u> </u> | | | 0. | 0. | 0. |
| ROBERT UDELL | 2.00 | | | | ŀ | | | _ | _ | _ |
| BOARD MEMBER | | X | | | | <u> </u> | _ | 0. | 0. | 0, |
| ROBERT A. HUNT | 2.00 | | | ٠,, | | | | • | | |
| CHAIRMAN | 1 2 00 | X | | X | ├- | | | 0. | 0. | 0. |
| DARBY MCCARTY | 2.00 | X | | x | ļ | | | 0. | 0. | ^ |
| SECRETARY ROBERT CURREY (THRU OCTOBER 2015) | 2.00 | <u> </u> | - | ^ | - | - | | 0. | J | 0. |
| TREASURER | 2.00 | x | | х | • | | | 0. | 0. | 0. |
| ANAND VADAPALLI | 2.00 | | - | - | <u> </u> | | - | | | |
| BOARD MEMBER | | x | | | i | | | 0. | 0. | 0. |
| ARNE L. HAYNES (THRU OCTOBER 2015) | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| CRAIG SILLIMAN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| DAN OVERLAND | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | <u> </u> | <u> </u> | | | | 0. | 0. | 0. |
| ERIC YEAMAN (THRU JUNE 2015) | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | <u> </u> | ļ | <u> </u> | | 0. | 0. | 0. |
| GARY C. GILMER | 2.00 | | | | | | | _ | _] | _ |
| BOARD MEMBER | | X | | | <u> </u> | ļ | _ | 0. | 0. | 0. |
| JACK W. KEEN | 2.00 | | | | | | | | | _ |
| BOARD MEMBER | | X | <u> </u> | <u> </u> | ├ | | | 0. | 0. | 0. |
| TED TORBECK | 2.00 | ł | | | | | | _ | _ | _ |
| BOARD MEMBER | 1 2 00 | - | - | | ├ | - | | 0. | 0. | 0. |
| JAMES W. CICCONI | 2.00 | X | | | | | | 0. | _ | ^ |
| BOARD MEMBER ERIC EINHORN | 2.00 | 1 | - | - | +- | 1- | \vdash | 0. | 0. | 0. |
| BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| 532007 12-16-15 | | | | | <u>—</u> | Щ. | | <u> </u> | | Form 990 (2015 |

532007 12-16-15

Page 8

| Part VII Section A. Officers, Directors, Trus | tees, Key Emr | oloye | es. | and | Hic | hes | t Co | mpensated Employee | S (continued) | | | |
|---|------------------------|---------------------------------------|-----------------------|------------------|--------------|------------------------------|--------|---------------------------------------|-------------------|----------|----------------|-------------|
| (A) · | (B) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | (F) | |
| Name and title | Average | | | Posi | tion | | | Reportable | Reportable | Es | timate | ed |
| , tante and | hours per | | | heck r ss per | | | | compensation | compensation | | nount | |
| | week | offic | er an | d a d | recto | r/trus | tee) | from | from related | | other | |
| | (list any | ctor | | | | | | the | organizations | com | pensa | ation |
| | hours for | a di | ا ده | | | ted | | organization | (W-2/1099-MISC) | fr | om th | e |
| | related | ste c | ruste | | | ensa | | (W-2/1099-MISC) | | orga | anızat | ion |
| | organizations below | al tru | onal t | | Noyee | comi | | | | | d relat | |
| | line) | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | orga | anızatı | ons |
| KATHLEEN ABERNATHY | 2.00 | Ĕ | Ĕ | ō | Ke | High | 20 | | | | | |
| | 2.00 | x | | | | | | • | • | | | ^ |
| BOARD MEMBER | 2 00 | <u> </u> | | | | | _ | 0. | 0. | | | 0. |
| MARTY RUBIN | 2.00 | ٠,, | | | | | | 0 | • | | | _ |
| BOARD MEMBER | 2 00 | Х | | | | _ | | 0. | 0. | <u> </u> | | 0. |
| PAUL H. SUNU | 2.00 | x | | | | | | 0. | 0. | | | ^ |
| VICE CHAIRMAN RON B. MCCUE | 2.00 | ^ | | | _ | | | U . | <u> </u> | | | 0. |
| BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | | | 0. |
| ROYSTER M. TUCKER III | 2.00 | | | | | | | | | | | |
| BOARD MEMBER | \ - | х | | | | | | 0. | 0. | | | 0. |
| YUKIYASU SAKAMOTO | 2.00 | | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | _ 0. | | | 0. |
| WALTER MCCORMICK | 40.00 | | | | | | | | | | | |
| PRESIDENT & CEO | 1.00 | | | X | | | | 1,760,974. | 0. | 5(| 0,4 | <u>15.</u> |
| MARK KULISH | 40.00 | | | | | | | | | | | |
| SVP, ADMIN & CFO | 1.00 | | | Х | | | | 325,776. | 0. | 6 | 7,1 | <u>98.</u> |
| JONATHAN BANKS | 40.00 | | | | | | | | | | | |
| SVP, LAW & POLICY | 1.00 | | | | Х | | | 656,331. | 0. | | 0,7 | |
| 1b Sub-total | | | | | | | | 2,743,081. | 0. | 268 | 8,3 | <u> 18.</u> |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 2,669,194. | 0. | | 9,2' | |
| d Total (add lines 1b and 1c) | ··. | | | | | | | 5,412,275. | 0. | 527 | 7,5 | <u>97.</u> |
| 2 Total number of individuals (including but n | ot limited to the | ose | liste | d ab | ove) |) wh | o re | ceived more than \$100,0 | 000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | <u> 17</u> |
| | | | | | | | | | 1 | | Yes | No |
| 3 Did the organization list any former officer, | | stee | , ke | y en | olqr | yee, | or h | ighest compensated en | nployee on | | | لــــا |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | ne organization | | _ _ | |
| and related organizations greater than \$150 | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | - | | late | d organization or individ | lual for services | | | |
| rendered to the organization? If "Yes." com | plete Schedule | Jfc | or su | ich r | oers | on . | | · · · · · · · · · · · · · · · · · · · | | 5 | | X |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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 |
|---|----------------------------------|---------------------|
| BECKIT SYSTEMS, INC, 4 WEEMS LANE, SUITE | | |
| 256, WINCHESTER, VA 22601 | IT CONSULTING | 349,311. |
| LHD, 920 MASSACHUSETTS AVENUE, NW, STE | | İ |
| 1001, WASHINGTON, DC 20001 | CONSULTING | 240,000. |
| THE SIMMONS & RUSSELL GROUP, LLC, 601 | | |
| PENNSYLVANIA AVE, NW SUITE 900, SOUTH | CONSULTING | 240,000. |
| KELLOGG, HUBER, HANSEN, TODD & EVANS PLLC, | | |
| 1615 M ST. NW, SUITE 400, WASHINGTON, DC | CONSULTING | 163,600. |
| 1600 GROUP LLC, 1300 19TH ST. NW, SUITE | | |
| 500, WASHINGTON, DC 20036 | CONSULTING | 125,000. |
| 2 Total number of independent contractors (including but not limited to those liste | ed above) who received more than | |

\$100,000 of compensation from the organization ► 5
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

| Form 990 UNITED S | TAILS ID | 1111 | | 141 | AO | <u> </u> | CI. | ATION | <u>53-015</u> | 73 43 |
|---|-------------------|--------------------------------|-----------------------|--------------|-------------|------------------------------|---------------|---------------------|-----------------|---------------------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, ar | nd H | ligh | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | ı | | Reportable | Reportable | Estimated |
| | hours | (cl | | all t | | | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | _ | | | | oyee | | the | organizations | compensation |
| | (list any | recto | | | 1 | ешы | | organization | (W-2/1099-MISC) | from the |
| | hours for related | p .o. a | eg eg | | | sated | | (W-2/1099-MISC) | | organization and related |
| | organizations | individual trustee or director | institutional trustee | | yee | Highest compensated employee | | | | organizations |
| | below | dual | ution | | Кеу етрюуее | stco | ia e | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | |
| ALAN ROTH | 40.00 | | - | | | | | | | |
| SR. EVP, GOV'T AFFAIRS | 1.00 | | | | X | | | 1,183,871. | 0. | 35,867 |
| ANNE VEIGLE | 40.00 | | | | | | | | | |
| SVP, COMMUNICATIONS | | | | | X | _ | | 236,290. | 0. | 61,749 |
| DIANE HOLLAND | 40.00 | | | | | | | | | |
| VP, LAW AND POLICY | | | <u> </u> | | ļ | Х | L | 291,527. | 0. | 38,795. |
| MARC GONZALES | 40.00 | | | | | | | | | |
| VP, GOV'T AFFAIRS | | | | | | Х | | 213,256. | 0. | 23,838 |
| ROBERT MAYER | 40.00 | | | | | | | | | |
| VP, INDUSTRY/STATE AFFAIRS | | _ | | | | Х | | 325,665. | 0. | 49,184 |
| KEVIN RUPY | 40.00 | | | | | | | | _ | |
| VP, LAW AND POLICY | 40.00 | <u> </u> | | | | Х | | 209,792. | 0. | 32,411 |
| LYNN FOLLANSBEE | 40.00 | | | | | | | 000 500 | | 45 405 |
| VP, LAW AND POLICY | | | | | | Х | | 208,793. | 0. | 17,435 |
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| | | | | | | | | 2,669,194. | | 259,279. |

UNITED STATES TELECOM ASSOCIATION Form 990 (2015) 53-0159345 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue , Grants mounts 1 a Federated campaigns Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a DUES AND ASSESSMENTS 900099 12,745,741. 12,745,741 Program Service WEBINARS & CONFERENCES 900099 22,000 22,000 f All other program service revenue 12,767,741. Total. Add lines 2a-2f Investment income (including dividends, interest, and 474,616 other similar amounts) 474,616. Income from investment of tax-exempt bond proceeds 12,040. 12,040. Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 194 assets other than inventory b Less cost or other basis 0 and sales expenses 194, c Gain or (loss) 194 d Net gain or (loss) 194, 8 a Gross income from fundraising events (not contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 5,481, 5,481.

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492,331.

5,481.

13,260,072.

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

12,767,741

| Sect | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | mplete column (A). | |
|----------|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | 147,500. | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | <u> </u> | | |
| 4 | Benefits paid to or for members | | · · · · · · · · · · · · · · · · · · · | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 4,559,258. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 006 006 | | | |
| 7 | Other salaries and wages | 2,936,286. | | | |
| 8 | Pension plan accruals and contributions (include | 220 516 | | | |
| | section 401(k) and 403(b) employer contributions) | 338,516. | | | |
| 9 | Other employee benefits | -583,424. | | | |
| 10 | Payroll taxes | 307,376. | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 470 157 | | | |
| b | Legal | 470,157. 61,175. | | | |
| C | Accounting | 247,000. | | | |
| d | Lobbying | 247,000. | | | · · · · · · · · · · · · · · · · · · · |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees Other (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch O.) | 989,226. | | | |
| 10 | Advertising and promotion | 505,220. | | | |
| 12 13 | Office expenses | 34,661. | | | |
| 14 | Information technology | 233,634. | | | |
| 15 | Royalties | 200,0011 | | | |
| 16 | Occupancy | 1,271,842. | | | |
| 17 | Travel | 103,486. | | | |
| 18 | Payments of travel or entertainment expenses | , | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 115,595. | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 121,606. | | | |
| 23 | Insurance | 98,383. | | | |
| 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 0.) | | | | |
| а | PENSION BENEFIT EXPENSE | 2,771,622. | | - | |
| b | GOVERNMENT AFFAIRS | 184,768. | | | |
| c | MEMBERSHIP AND DUES | 133,983. | | | |
| d | PRINTING & PUBLICATIONS | 80,072. | | | |
| _ | All other expenses | 91,485. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 14,714,207. | | | |
| 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) | | | | |

| <u> </u> | rt X | Balance Sneet | | | |
|-----------------------------|------|---|--------------------------|-----|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | 1,000. | 1 | 1,000 |
| | 2 | Savings and temporary cash investments | 2,328,497. | 2 | 1,422,730 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 9,943. | 4 | 52,446 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | İ | Part II of Schedule L | | 5 | |
| | 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 | | | |
| ফ | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ĕ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 287,387. | 9 | 1,078,257 |
| | 10 a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D Less accumulated depreciation 10a 2,073,307. 10b 1,859,043. | | | |
| | b | Less accumulated depreciation 10b 1,859,043. | 208,921. | 10c | 214,264 |
| | 11 | Investments · publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | 16,406,004. | 12 | 16,319,411 |
| | 13 | Investments · program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 19,241,752. | 16 | 19,088,108 |
| | 17 | Accounts payable and accrued expenses | 539,190. | 17 | 867,790 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 506,522. | 19 | 498,196 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| <u></u> | | key employees, highest compensated employees, and disqualified persons | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | 2 645 225 | | = 44= 444 |
| | ļ | Schedule D | 3,645,907. | 25 | 5,187,446 |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,691,619. | 26 | 6,553,432 |
| | | Organizations that follow SFAS 117 (ASC 958), check here X and | | j | |
| es | | complete lines 27 through 29, and lines 33 and 34. | 14 550 133 | | 10 504 656 |
| auc | 27 | Unrestricted net assets | 14,550,133. | 27 | 12,534,676 |
| ga | 28 | Temporarily restricted net assets | | 28 | · · · · · · · · · · · · · · · · · · · |
| ē | 29 | Permanently restricted net assets | | 29 | |
| Ī | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ŏ | | and complete lines 30 through 34. | | | |
| žets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 14 550 100 | 32 | 10 504 555 |
| ۷. | 33 | Total net assets or fund balances | 14,550,133. | 33 | 12,534,676. |
| | 34 | Total liabilities and net assets/fund balances | 19,241,752. | 34 | 19,088,108. |

Form 990 (2015)

| | 1 990 (2015) UNITED STATES TELECOM ASSOCIATION | 53 | -0159 | 3 <u>45</u> | Pa | ıge 12 |
|--------------------------------------|--|---------------------------------|----------|--------------------------------------|-------------------|-------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 2 3 4 5 6 7 8 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments | 1 2 3 4 5 6 7 | 14 -1 | ,260 ,714 ,454 ,550 -560 | 1,2 1,1),1 | 07. 35. 33. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 Par | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) rt XII Financial Statements and Reporting | 10 | 12 | ,534 | 1,6 | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | Yes | No |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | _2a | | X |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis | basis, | | 2b | X | |
| С | , and any the state of the stat | augit, | | | х | |
| | review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required. | gle Aud | dit | 2c 3a | ^ | X |
| J | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | ou aut | | 3b | | |
| - | | , | | Form | 990 (| 2015) |

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

2015

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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) organization | tions Complete Part III | | | |
|-----|--|--|-------------------------|--------------------------|--|
| Nar | ne of organization | | | Empl | oyer identification number |
| _ | | STATES TELECOM AS | | | 53-0159345 |
| P | art I-A Complete if the org | janization is exempt under | r section 501(c) | or is a section 527 or | ganization. |
| | | | | | |
| 1 | Provide a description of the organiz | ation's direct and indirect political | campaign activities i | | _ |
| | Political expenditures | | | ▶ \$ | 0. |
| 3 | Volunteer hours | | | | |
| Pa | art I-B Complete if the org | janization is exempt under | r section 501(c)(| 3). | |
| 1 | Enter the amount of any excise tax | | | | |
| | Enter the amount of any excise tax | | | ▶\$ | |
| 3 | If the organization incurred a section | n 4955 tax, did it file Form 4720 fo | r this year? | | Yes No |
| 48 | a Was a correction made? | | | | Yes No |
| | o If "Yes," describe in Part IV | | | | |
| P | art I-C Complete if the org | janization is exempt under | r section 501(c), | except section 501(c | · · · · · · · · · · · · · · · · · · · |
| 1 | Enter the amount directly expended | d by the filing organization for secti | on 527 exempt funct | tion activities > \$ | 0. |
| 2 | Enter the amount of the filing organ | ization's funds contributed to othe | er organizations for se | | • |
| | exempt function activities | | | • | 0. |
| 3 | Total exempt function expenditures | Add lines 1 and 2 Enter here and | d on Form 1120-POL, | | |
| | line 17b | | | ▶ \$ | |
| | Did the filing organization file Form | • | -f -!!t 507 | | Yes No |
| 5 | • | | · | - | • • |
| | made payments. For each organiza contributions received that were pro- | • | | | • |
| | political action committee (PAC) If | • • | | · | s segregated fund of a |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (a) Name | (b) Address | (C) EIIV | filing organization's | contributions received and |
| | | | | funds If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate political organization |
| | | | | | If none, enter -0- |
| | | | | | |
| | | | | | |
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| | · · · · · · · · · · · · · · · · · · · | | | - | |
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| | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

| Schedule C (Form 990 or 990 EZ) 2015 UP Part II-A Complete if the orga | INITE: | n is exem | ES TELECOM . npt under section | ASSOCIATION n 501(c)(3) and file | 53-0 d Form 5768 (e | 0159345 Page 2 lection under |
|--|-----------|--------------------------|--|-------------------------------------|--|---------------------------------------|
| section 501(h)), | | | | | | |
| | | | | Part IV each affiliated | group member's nam | ne, address, EIN, |
| expenses, and share | | | | | | |
| B Check 🕨 🔃 if the filing organization | on check | ed box A an | id "limited control" pro | ovisions apply | | |
| | | oying Exper eans amou | nditures nts paid or incurred.) | 1 | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influe | ence publ | ic opinion (c | rass roots lobbying) | | | |
| b Total lobbying expenditures to influe | | | | | | |
| c Total lobbying expenditures (add lin | | | , (,,,,,,,, | | | |
| d Other exempt purpose expenditures | | , | | | | |
| e Total exempt purpose expenditures | | s 1c and 1d | 1 | | . " | |
| f Lobbying nontaxable amount Enter | | | | h columns | | |
| If the amount on line 1e, column (a) or | | | bying nontaxable am | | | |
| Not over \$500,000 | (U) 18. | | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000, | 000 | | 00 plus 15% of the exc | | | |
| | | | 00 plus 10% of the exc | | | |
| Over \$1,000,000 but not over \$1,50 | | | 00 plus 5% of the exce | | | |
| Over \$1,500,000 but not over \$17,0 | 00,000 | | | SS 0 Ver \$ 1,500,000 | | |
| Over \$17,000,000 | | \$1,000,0 | 300 | | | |
| g Grassroots nontaxable amount (ent | er 25% of | line 1f) | | | | |
| h Subtract line 1g from line 1a If zero | | · · | | | | |
| Subtract line 1f from line 1c. If zero | | | | | | |
| j If there is an amount other than zero | | | ine 1. did the organiz | ation file Form 4720 | | · · · · · · · · · · · · · · · · · · · |
| reporting section 4911 tax for this y | _ | | mio il, dia mio organia | | | Yes No |
| (Some organizations th | at made | a section 50 | eraging Period Under 01(h) election do not ate instructions for li | have to complete all o | f the five columns b | |
| | Lobi | oying Exper | nditures During 4-Ye | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) | 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (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)) | | | | | - | |
| Graceroote lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2015

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 eaci | n "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (| a) | (1 | o) |
|------------|---|-----------------|---------------------------------------|-----------|----------------------|
| of the Id | bbying activity | Yes | No | Amo | ount |
| 1 D | uring the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| lo | cal legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| OI | referendum, through the use of | | |] | |
| a V | plunteers? | | |] | |
| b P | aid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| сМ | edia advertisements? | | | ļ | _ |
| d M | ailings to members, legislators, or the public? | | | | |
| e P | ublications, or published or broadcast statements? | | | | |
| f G | rants to other organizations for lobbying purposes? | | | | |
| • | rect contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | ther activities? | | | | |
| - | otal Add lines 1c through 1i | <u> </u> | | | |
| | d the activities in line 1 cause the organization to be not described in section 501(c)(3)? | <u> </u> | | | |
| | "Yes," enter the amount of any tax incurred under section 4912 | | İ | | |
| | "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | ļ | | |
| | the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | n 501/a\/ | E) 0 4 0 0 4 | tion | |
| Part I | II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). |)(i 50 i (c)(| o), or sec | ะแอก | |
| | | | | Yes | No |
| 1 W | ere substantially all (90% or more) dues received nondeductible by members? | | | | Х |
| | d the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | X |
| | d the organization agree to carry over lobbying and political expenditures from the prior year? | | 3 | х | |
| 4 D | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | <u> </u> | | 12,745 | |
| | ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures. (do not include amounts of polit i | ool | 1 | 14,743 | , / 4 1 • |
| | ection 162(e) florideductible lobbying and political experionales. (do not include amounts of politicipenses for which the section 527(f) tax was paid). | Cai | | | |
| | urrent year | | 2a | 4.375 | ,494. |
| | arryover from last year | | 2b | | ,815. |
| | otal | | 2c | | ,309. |
| | ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | 3,538 | |
| | notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | , |
| | pes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | ŀ | | |
| | penditure next year? | | 4 | 1,486 | ,264. |
| 5 Ta | exable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Part I | V 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 a | nd 2 (see | |
| instruct | ons), and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.us.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED STATES TELECOM ASSOCIATION

Employer identification number 53-0159345

| Pai | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds or A | Accounts. Complete if the |
|--------|--|--|---|
| | organization answered "Yes" on Form 990, Part IV, lin | e 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 v | writing that the assets held in donor advised fu | inds |
| • | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | l only |
| • | for charitable purposes and not for the benefit of the donor o | | |
| | impermissible private benefit? | , | Yes No |
| Pa | | anization answered "Yes" on Form 990, Part I | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| • | Preservation of land for public use (e.g., recreation or e | | illy important land area |
| | Protection of natural habitat | Preservation of a certified | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of a | conservation easement on the last |
| _ | day of the tax year | | Held at the End of the Tax Year |
| | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic stru | icture included in (a) | 2c |
| ر د | Number of conservation easements included in (c) acquired a | | |
| u | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the orga | |
| 3 | year ▶ | | g |
| 4 | Number of states where property subject to conservation eas | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | | |
| • | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | tion easements during the year |
| • | > | • | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation e | easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4)(| (B)(ı) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense state | ement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes the o | rganization's accounting for |
| | conservation easements | | |
| Pa | rt III Organizations Maintaining Collections of | Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue statement a | and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in furtherance of | of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | |
| ь | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statement and | balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | | |
| | relating to these items: | | |
| | (i) Revenue included on 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 tre | asures, or other similar assets for financial gair | |
| - | the following amounts required to be reported under SFAS 1 | | |
| а | D | · · · · · · | > \$ |
| | Assets included in Form 990, Part X | | > \$ |
| _ | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2015 |

2015.04030 UNITED STATES TELECOM ASS 53-01591

532051 11-02-15

| | | TATES TELI | | | | | | <u>53-01</u> | | |
|------|---|-----------------------|-------------|-----------------|---------------------|--------------|-----------------------|--------------|-------------|--------------|
| Par | t III Organizations Maintaining Co | llections of Ar | t, Histo | orical Tre | asures, o | r Other | Simila | r Assets | (continu | ued) |
| 3 | Using the organization's acquisition, accession | n, and other record: | s, check | any of the f | ollowing that | t are a sigi | nificant u | ise of its c | ollection i | tems |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | d | | | hange progra | ams | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's col | lections and explair | n how th | ey further th | e organizatio | on's exem | pt purpo | se in Part | XIII | |
| 5 | During the year, did the organization solicit or | receive donations of | of art, his | storical treas | sures, or othe | er sımılar a | ıssets | | _ | |
| | to be sold to raise funds rather than to be mai | | | | | | | | Yes | No |
| Par | | | ete if the | organizatio | n answered ' | "Yes" on F | Form 990 |), Part IV, | line 9, or | |
| | reported an amount on Form 990, Part | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | n or other intermed | lary for o | contributions | s or other ass | sets not in | cluded | | _ | |
| | on Form 990, Part X? | | | | | | | | 」 Yes | No |
| b | If "Yes," explain the arrangement in Part XIII a | nd complete the fol | lowing t | able. | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year . | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on Fo | | | | | | y? | <u></u> | 」 Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIII (| | | | | | | | | |
| Par | t V Endowment Funds. Complete if | | | | T | | | | 1 | |
| | - | (a) Current year | (b) P | rior year | (c) Two yea | rs back (| d) Three y | ears back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | ļ <u>.</u> | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | _ | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | <u> </u> | | l | L | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | | g, column (a) |)) held as | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| C | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | | | | | | | | | |
| За | Are there endowment funds not in the posses | sion of the organiza | ation tha | t are held an | nd administer | red for the | organiza | ation | Г. | |
| | by | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(ı) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organizat | · · | | | | | | | _3b | |
| Bar | Describe in Part XIII the intended uses of the cert VI Land, Buildings, and Equipme | | wment f | unas | | | | | | |
| Fai | | |) David IV. | / lima 11a C | | l Dart V I | 10 | | | |
| | Complete if the organization answered | | | | | | | | (-I) D I. | |
| | Description of property | (a) Cost or o | | , , <i>,</i> | or other (other) | | cumulate reciation | | (d) Book | value |
| | Land | Dasis (IIIVesti | 1161111 | Dasis | (ou ioi) | Geb | Coanon | | | |
| _ | Land | | | | - | | | | | |
| b | Buildings | - | | 56 | 7,076. | 1 | 96,8 | 47 | 70 | ,229. |
| C | Leasehold improvements | | | | 7,070. | | <i>J</i> 0 , 0. | = / • | | , 443. |
| d | | | | 1 50 | 6,231. | 1 3 | 62,1 | 96. | 144 | ,035. |
| | Other I. Add lines 1a through 1e (Column (d) must ed | uni Form 000 Port | Y colum | • | | | / | | | ,264. |
| ıvıd | i. Add iii lea ta ii ii dagii Te (Column (a) MUSI ea | iuai FUIIII 990. PAIL | cuiun بم | iii (D). IIIR 1 | <u> بىسىسىلىكاك</u> | | | | | , ~ ~ ~ . |

► 214,264. Schedule D (Form 990) 2015

| Part VIII Investments - Other Securities. | | | |
|--|------------------------------|---------------------------------|---------------------------------|
| Complete if the organization answered "Yes" | | 1b See Form 990, Part X, line | 12 |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Co | ost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) EQUITY AND FIXED INCOME | | | |
| (B) MUTUAL FUNDS | 16,319,411. | END-OF-YEAR MA | RKET VALUE |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total (Col (b) must equal Form 990, Part X, col. (B) line 12.) | 16,319,411. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line 1 | 11c See Form 990, Part X, line | 13 |
| (a) Description of investment | (b) Book value | (c) Method of valuation Co | ost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | <u> </u> | | |
| | on Form 000 Part IV line 1 | 11d Soc Form 990 Bart V line | 15 |
| Complete if the organization answered "Yes" | Description | TTU See FOITH 990, Fait A, line | (b) Book value |
| | Description | | (5) 2001. Value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) lin | e 15.) | | > |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | | | X, line 25. |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) DEFERRED RENT | | 320,258. | |
| (3) ACCRUED PENSION BENEFITS | | 4,127,633. | |
| (4) SUPPLEMENTAL PENSION/RETI | REMENT | | |
| (5) PLAN BENEFITS | | 739,555. | |
| (6) | | | |
| (7) | | | |
| | | | |
| | | | |
| (8) | | | |
| | e 25.) | 5,187,446. | |

532053 09-21-15

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

| 2015 | Open to Public |
|------|----------------|
| | |

OMB No 1545-0047

Employer identification number

Inspection

53-0159345

Information about Schedule I (Form 990) and its instructions is at www.is.gov/form990.

UNITED STATES TELECOM ASSOCIATION

2 | 18. (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ο. ٥. 。 ٥. o, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 10,000, 10,000, 25,000 20,000 10,000 10,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section rf applicable 501(C)(3) 501(c)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 52-1835268 47-3018272 54-1848713 52-2079266 53-0218495 84-6049811 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? & ECONOMIC PUBLIC POLICY STUDIES -1 (a) Name and address of organization 5335 WISCONSIN AVENUE, N.W. SUITE PHOENIX CENTER FOR ADVANCED LEGAL UNIVERSITY OF COLORADO FOUNDATION AMERICAN ENTERPRISE INSTITUE FOR 1100 VERMONT AVE, NW, SUITE 900 GAY & LESBIAN VICTORY INSTITUTE 1133 15TH STREET NW, SUITE 350 PUBLIC POLICY RESEARCH - 1150 440 - WASHINGTON, DC 20015 AMERICA'S PROMISE ALLIANCE 401 UCB-WOLF LAW BUILDING MONUMENTAL SCHOLARS FUND or government BOULDER, CO 80309-0401 SEVENTEETH STREET, NW WASHINGTON, DC 20036 WASHINGTON, DC 20005 WASHINGTON, DC 20005 ALEXANDRIA, VA 22301 104 HUME AVENUE, NW Part I PartII

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

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| Schedu | le I (Form 990) | UNITED | STATES | TELECOM | UNITED STATES TELECOM ASSOCIATION | |
|---------|-----------------|-------------------|--------|----------------------|--|----------------------------------|
| Part II | Continuation of | of Grants and Oth | er As | sistance to Governme | nts and Organizations in the United States (Schedu | (Schedule I (Form 990), Part II) |

| (a) Name and address of (b) EiN (c) IRC section organization or government (b) EiN (c) IRC section (d) Amount of (e) Amount of (f) Method of (f) organization or government (b) EiN (f) Method of (f) | (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION - 1101 K STREET, NW, SUITE 600 - WASHINGTON, DC 20005 | 20-4403497 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| NEW YORK LAW SCHOOL 185 BROADWAY RM C405 NEW YORK, NY 10013 | 13-5645885 | 501(C)(3) | 10,000. | 0 | | | PROGRAM SUPPORT |
| THE FUND FOR AMERICAN STUDIES 1706 NEW HAMSHIRE AVENUE, NW WASHINGTON, DC 20009 | 13-6223604 | 501(C)(3) | 7,500. | 0. | | | PROGRAM SUPPORT |
| CONGRESSIONAL HISPANIC CAUCUS INSTITUTE - 911 2ND STREET NE - WASHINGTON, DC 20002 | 52-1114225 | 501(C)(3) | . 000, 8 | .0 | | | PROGRAM SUPPORT |
| CONGRESSIONAL BLACK CAUCUS FOUNDATION - 1720 MASSACHUSETTS AVENUE NW - WASHINGTON, DC 20036 | 52-1160561 | 501(C)(3) | 5,000. | 0 | | | PROGRAM SUPPORT |
| MINORITY MEDIA & TELECOM COUNCIL 3636 16TH STREET NW, STE B-366 WASHINGTON, DC 20010 | 52-1880677 | 501(C)(3) | 5,000. | 0. | | | PROGRAM SUPPORT |
| CITIZEN EDUCATION FUND 7278 15TH STREET NW, SUITE 1200 WASHINGTON, DC 20005 | 34-1447977 | 501(C)(3) | 5,000. | 0 | | | PROGRAM SUPPORT |
| MARCH OF DIMES FOUNDATION PO BOX 62770 BALTIMOE, MD 21264 | 13-1846366 | 501(C)(3) | 5,000. | .0 | | <u> </u> | PROGRAM SUPPORT |
| MULTICULTURAL MEDIA, TELECOM, & INTERNET COUNCIL - 1620 L STREET NW, SUITE 250 - WASHINGTON, DC 20036 | 52-1880677 | 501(C)(3) | 5,000. | 0 | | | PROGRAM SUPPORT |
| | | | | | | | Schedule I (Form 990) |

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| UNITED STATES TELECOM ASSOCIATION | nd Orann |
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| Schedule I (Form 990) UNITED STATES TELECOM ASSO Part II Continuation of Grants and Other Assistance to Governments and | ATES TELE Assistance to Go | COM ASSOCIAT | CIATION Organizations in the Uni | ited States (Sche | OCIATION Organizations in the United States (Schedule I (Form 990), Part II) | | 53-0159345 Page 1 |
|---|-------------------------------|----------------------------------|-------------------------------------|-----------------------------------|--|--|------------------------------------|
| (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 |
| WASHINGTON TENNIS & EDUCATION FOUNDATION - 16TH AND KENNEDY STREET, NW - WASHINGTON, DC 20011 | 45-4066642 | 501(c)(3) | 3,000. | .0 | | | PROGRAM SUPPORT |
| MULTIPLE MYELOMA RESEARCH FOUNDATION - 1316 ALEXANDRIA AVE - ALEXANDRIA, VA 22308 | 06-1504413 | 501(c)(3) | 1,000. | 0 | | | PROGRAM SUPPORT |
| CONSORTIUM OF CATHOLIC ACADEMIES 104 HUME AVENUE ALEXANDRIA, VA 22301 | 52-2050972 | 501(C)(3) | 1,000. | .0 | | : | PROGRAM SUPPORT |
| | | | | | | | |
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| | | | | | | | Schedule I (Form 990) |

04-01-15

53-0159345

Schedule I (Form 990) (2015) UNITED STATES TELECOM ASSOCIATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

| (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 | uired in Part I, line | 2, Part III, column | (b), and any other ad | ditional information | |
| PART I, LINE 2: | | | | | |
| JSTELECOM MAKES CONTRIBUTIONS PRIMA | PRIMARILY TO | CHARITABLE | CHARITABLE ORGANIZATIONS. | IONS. AN | |
| ANNUAL BUDGET IS ESTABLISHED AND SE | SENIOR MAN | R MANAGEMENT PR | PRIORITIZES WHICH | инісн | |
| CONTRIBUTIONS WILL BE MADE. RECORDS | | ARE MAINTAINED TO | | SUBSTANTIATE AMOUNTS | |
| OF CONTRIBUTIONS AND INVOICES ARE F | REVIEWED ' | TO ASSURE | ASSURE CONTRIBUTIONS | ONS ARE NOT | |
| DEEMED POLITICAL, ARE MADE TO 501C3 OR | 3 ORGANIZA | GANIZATIONS, ET | ETC. USTELECOM | ЖОС | |
| FYPICALLY DOES NOT ATTEMPT TO AUDIT | AUDIT ACTUAL USE OF | | CONTRIBUTIONS | ву тне | |
| RECEIVING ORGANIZATION. | | | | | |

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on 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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNITED STATES TELECOM ASSOCIATION

Employer identification number 53-0159345

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----------|-----|--|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | X First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | j |
| _ | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Х | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| - | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | X | |
| | tidatees, and onicers, including the OLO/Executive Director, regarding the items checked in line 12. | - | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | [| | |
| 3 | | | | |
| | 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 | | | |
| | X Compensation committee X Written employment contract | 1 | | ĺ |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | Ì | | |
| _ | Do at the state of | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | ĺ | | ĺ |
| | organization or a related organization | | | 37 |
| a | , , | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 1 | | |
| | O L C COM VON TOM VAN LEGAM VOON LEGAM VOON LEGAM VAN LEGAM VOON L | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | 1 |
| | contingent on the revenues of | <u> </u> | | |
| | The organization? | 5a | | |
| b | Any related organization? | 5b | | — |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of. | | | |
| а | The organization? | 6a | | <u> </u> |
| b | Any related organization? | 6b | | |
| | If "Yes" on line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued 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 | | |

Schedule J (Form 990) 2015

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015 UN

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 on 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

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------------|-------------|--------------------------|--|------------------------|--------------------------------|----------------|----------------------|---------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive | (iii) Other reportable | other deferred compensation | benefits | (B)(I)-(D) | ın column (B) reported as deferred |
| | | | compensation | compensation | | | | on prior Form 990 |
| WALTER MCCORMICK | Ξ | 1,088,919. | 526,869. | 145,186. | 22,858. | 30,557. | 1,814,389. | 0. |
| PRESIDENT & CEO | Ξ | 0 | 0. | 0 | 0 | 0 | 0 | 0 |
| MARK KULISH | (1) | 259,034. | 66,742. | 0 | 57,510. | 14,123. | 397,409. | 0 |
| SVP, ADMIN & CFO | <u>(ii)</u> | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JONATHAN BANKS | ε | 443,587. | 212,211. | 533. | 126,135. | | 815,453. | 0 |
| SVP, LAW & POLICY | (E) | 0 | 0 | 0 | 0 | 0 | ٠l | 0 |
| ALAN ROTH | Ξ | 777,723. | 405,615. | 533. | 16,766. | | 1,228,185. | 0. |
| SR. EVP, GOV'T AFFAIRS | ▣ | 0. | 0 | • 0 | 0 | 0 | | 0 |
| ANNE VEIGLE | Ξ | 205,014. | 30,743. | 533. | 43,610. | 23,923. | 303,823. | 0 |
| SVP, COMMUNICATIONS | ▣ | | 0. | 0. | 0. | 0 | 0 | 0 |
| DIANE HOLLAND | Ξ | 264,326. | 26,000. | 1,201. | 19,360. | 24,580. | 335,467. | 0 |
| VP, LAW AND POLICY | Ξ | | | 0 | 0 | 0 | 0 | 0 |
| MARC GONZALES | Ξ | 196,861. | 15,862. | 533. | 13,474. | 15,783. | 242,513. | 0 |
| VP, GOV'T AFFAIRS | (E) | 0. | 0. | • 0 | 0 | 0 | 0 | 0. |
| ROBERT MAYER | 8 | 280,69 | 44,039. | 930. | 33,039. | 21,795. | 380,499. | 0 |
| VP, INDUSTRY/STATE AFFAIRS | Ξ | | 0. | • 0 | 0 | 0 | 0 | 0 |
| $\overline{}$ | Ξ | 193,81 | 15,440. | 533. | 13,244. | 24,600. | 247,636. | 0. |
| VP, LAW AND POLICY | Ξ | | 0. | 0 | 0 | 0 | 0 | 0 |
| 74 | Ξ | 192,82 | 15,440. | 533. | 4,810. | 18,028. | 231,631. | 0 |
| VP, LAW AND POLICY | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0. |
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Schedule J (Form 990) 2015

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.

Open to Public Inspection

Name of the organization

UNITED STATES TELECOM ASSOCIATION

Employer identification number 53-0159345

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| |
| USTELECOM IS THE NATION'S LEADING TRADE ASSOCIATION REPRESENTING |
| BROADBAND SERVICE PROVIDERS AND SUPPLIERS. OUR DIVERSE MEMBER BASE |
| RANGES FROM LARGE PUBLICLY TRADED COMMUNICATIONS CORPORATIONS TO SMALL |
| COMPANIES AND COOPERATIVES - ALL PROVIDING ADVANCED COMMUNICATIONS |
| SERVICES TO MARKETS BOTH URBAN AND RURAL. PREVIOUSLY KNOWN AS THE |
| UNITED STATES TELEPHONE ASSOCIATION, WE SERVE AS THE GO-TO SOURCE FOR |
| BROADBAND NEWS AND INDUSTRY EVENTS. |
| |
| FORM 990, PART VI, SECTION A, LINE 1: |
| THE EXECUTIVE COMMITTEE SHALL HAVE FULL POWER AND AUTHORITY TO ACT ON |
| BEHALF OF THE BOARD OF DIRECTORS ON ALL MATTERS EXCEPT THOSE EXCLUSIVELY |
| RESERVED TO THE BOARD OF DIRECTORS BY THE BYLAWS OR THE OPERATION OF LAW. |
| |
| FORM 990, PART VI, SECTION A, LINE 6: |
| THE MEMBERSHIP OF THE ASSOCIATION IS DIVIDED INTO THREE CLASSES: ACTIVE, |
| INTERNATIONAL, AND ASSOCIATE. |
| (A) ACTIVE MEMBERS OF THE ASSOCIATION SHALL INCLUDE COMPANIES THAT OWN OR |
| OPERATE FACILITIES-BASED COMMUNICATIONS NETWORKS IN THE UNITED STATES |
| AND/OR ITS TERRITORIES. |
| (B) INTERNATIONAL MEMBERS SHALL INCLUDE COMPANIES THAT OWN OR OPERATE |
| FACILITIES-BASED COMMUNICATIONS NETWORKS OUTSIDE THE BOUNDARIES OF THE |
| UNITED STATES OR ITS TERRITORIES. |
| (C) ASSOCIATE MEMBERS SHALL INCLUDE (I) COMPANIES ENGAGED IN PROVIDING |
| VOICE, VIDEO, ENTERTAINMENT, CONTENT, OR BROADBAND SERVICES OR |
| APPLICATIONS, (II) COMPANIES ENGAGED IN THE BUSINESS OF SOFTWARE OR |
| LUA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-F7 Schodule O (Form 990 or 990-F7) (2015) |

Name of the organization Employer identification number . UNITED STATES TELECOM ASSOCIATION 53-0159345 EQUIPMENT DESIGN, SERVICING, MANUFACTURING, OR SUPPLY, AND (III) CONSULTANTS. THE RIGHT TO VOTE SHALL BE LIMITED TO THE REPRESENTATIVES OF ACTIVE MEMBERS. THESE MEMBERS SHALL HAVE THE RIGHT TO APPROVE NOMINATIONS TO THE BOARD OF DIRECTORS MADE BY THE LEADERSHIP COMMITTEE. FORM 990, PART VI, SECTION A, LINE 7A: THE NUMBER OF DIRECTORS SHALL BE NO FEWER THAN 18 AND NO MORE THAN 25. EACH DIRECTOR SHALL BE AN EXECUTIVE OF STATURE OF A MEMBER OF THE ASSOCIATION. (A) THE SIX LARGEST ACTIVE MEMBERS (BASED ON REVENUES) THAT COMMIT TO HAVE THE ASSOCIATION REPRESENT THEM AS THEIR PRINCIPAL TRADE ASSOCIATION EACH SHALL HAVE THE RIGHT TO DESIGNATE AN EXECUTIVE OF STATURE TO SERVE AS A DIRECTOR. (B) SIX DIRECTORS SHALL BE ELECTED FROM AMONG EXECUTIVES OF STATURE OF ACTIVE MEMBERS THAT COMMIT TO HAVE THE ASSOCIATION REPRESENT THEM AS THEIR PRINCIPAL TRADE ASSOCIATION PURSUANT TO NOMINATION BY THE LEADERSHIP COMMITTEE. (C) SIX DIRECTORS SHALL BE ELECTED FROM AMONG EXECUTIVES OF STATURE OF ACTIVE MEMBERS THAT COMMIT TO HAVE THE ASSOCIATION REPRESENT THEM AS THEIR PRINCIPAL TRADE ASSOCIATION PURSUANT TO NOMINATION BY THE EXECUTIVE COMMITTEE. (D) UP TO SEVEN NON-VOTING DIRECTORS MAY BE ELECTED FROM AMONG EXECUTIVES OF STATURE OF INTERNATIONAL MEMBERS AND/OR ASSOCIATE MEMBERS PURSUANT TO NOMINATION BY THE EXECUTIVE COMMITTEE.

THE BYLAWS OF THE ASSOCIATION MAY BE ALTERED, AMENDED, OR REPEALED AND NEW

FORM 990, PART VI, SECTION A, LINE 7B:

| Name of the organization . UNITED STATES TELECOM ASSOCIATION | Employer identification number 53-0159345 | | | |
|---|---|--|--|--|
| BYLAWS MAY BE ADOPTED BY A MAJORITY OF THE MEMBERS OF THE | BOARD OF | | | |
| DIRECTORS PRESENT AT ANY REGULAR OR SPECIAL MEETING AT WHI | CH A QUORUM IS | | | |
| PRESENT. | | | | |
| | | | | |
| FORM 990, PART VI, SECTION B, LINE 11: | | | | |
| THE 990 IS INITIALLY PREPARED BY THE ASSOCIATION'S EXTERNA | L AUDITORS, WITH | | | |
| DATA PROVIDED PRIMARILY BY THE USTELECOM FINANCE DEPARTMEN | T. A DRAFT IS | | | |
| THEN CIRCULATED FOR REVIEW TO THE GENERAL COUNSEL AND TO T | HE SENIOR VP OF | | | |
| ADMINISTRATION AND CFO. ONCE THESE PARTIES HAVE SIGNED OFF | ON THE DRAFT, IT | | | |
| IS SENT TO THE PRESIDENT & CEO FOR HIS REVIEW. BEFORE THE 990 IS FILED, IT | | | | |
| IS DISCUSSED AT AN EXECUTIVE COMMITTEE MEETING OF THE BOARD AND MADE | | | | |
| AVAILABLE FOR REVIEW BY COMMITTEE MEMBERS. EXTERNAL AUDITORS THEN FINALIZE | | | | |
| THE RETURN AND THE USTELECOM FINANCE DEPARTMENT VIA CERTIFIED MAIL SENDS IT | | | | |
| TO THE IRS. | | | | |
| | | | | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | | | |
| WE REQUIRE BOARD MEMBERS AND SENIOR STAFF TO ATTEST IN WRITING EACH YEAR | | | | |
| THAT THEY ARE IN CONFORMANCE WITH OUR CONFLICT OF INTEREST POLICY. | | | | |
| FURTHER, OUR EMPLOYEE HANDBOOK CONTAINS OUR CONFLICT OF INTEREST POLICY AND | | | | |
| ALL STAFF MUST SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE RECE | IVED, READ AND | | | |
| UNDERSTAND THE MATERIAL CONTAINED IN THE EMPLOYEE HANDBOOK | AND WILL ABIDE | | | |
| BY ITS GUIDANCE. | | | | |
| | | | | |
| WITH RESPECT TO ANY POTENTIAL CONFLICT OF INTEREST INVOLVI | NG A MEMBER OF | | | |
| THE BOARD OF DIRECTORS OR THE PRESIDENT AND CHIEF EXECUTIV | E OFFICER, THE | | | |
| EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL DETERMI | NE WHETHER OR NOT | | | |
| A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CON | FLICT MATERIALLY | | | |
| AND ADVERSELY AFFECTS THE INTERESTS OF USTELECOM. A COVER | ED OFFICIAL WHOSE | | | |

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization
. UNITED STATES TELECOM ASSOCIATION

Employer identification number 53-0159345

POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION. IF THE BOARD OF DIRECTORS DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY. SUCH REMEDY MAY INCLUDE. FOR EXAMPLE, THE RECUSAL OF THE CONFLICTED COVERED OFFICIAL FROM PARTICIPATING IN CERTAIN MATTERS PENDING BEFORE THE BOARD OR OTHER USTELECOM BODY. ONLY DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE MAY PARTICIPATE IN ANY REVIEW. THE EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF ITS DETERMINATION AND RECOMMENDED ACTION. THE BOARD SHALL RETAIN THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION, AND SHALL RETAIN THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THIS POLICY. WITH RESPECT TO ANY POTENTIAL CONFLICT OF INTEREST INVOLVING KEY EMPLOYEES, THE PRESIDENT AND CEO OF USTELECOM WITH APPROPRIATE CONSULTATION, SHALL DETERMINE WHETHER SUCH CONFLICT EXISTS AND WHAT IS THE APPROPRIATE REMEDY AND SHALL EXERCISE ITS AUTHORITY WITH RESPECT TO THE REVIEW OF THAT DECISION OR MAY REFER IT TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE PRESIDENT & CEO IS SET THROUGH A PROCESS OF THE

EXECUTIVE COMMITTEE OF THE BOARD WHICH INCLUDES ESTABLISHMENT OF ANNUAL

GOALS AND ASSESSMENT OF THEIR ACHIEVEMENT. THE PRESIDENT & CEO OPERATES

UNDER THE AUTHORIZED EMPLOYMENT CONTRACT OF THE EXECUTIVE COMMITTEE OF THE

BOARD. COMPENSATION OF STAFF HAS PREVIOUSLY BEEN REVIEWED BY AN

INDEPENDENT CONSULTING PROCESS, WHICH INCLUDED MARKET COMPARABILITY STUDIES

BASED ON POSITION REQUIREMENTS AT SIMILARLY SITUATED ORGANIZATIONS. ANNUAL

INCREASES AND BONUSES ARE BASED ON PERFORMANCE AGAINST BOARD APPROVED GOALS

AND ARE DETERMINED BY AN INTERNAL COMPENSATION COMMITTEE THAT IS COMPRISED

Schedule O (Form 990 or 990-EZ) (2015)

| . UNITED STATES TELECOM ASSOCIATION | Employer identification number 53-0159345 |
|---|---|
| OF MEMBERS OF THE SENIOR STAFF (NO INTERNAL COMMITTEE MEMB | ER PARTICIPATES |
| IN HIS/HER OWN COMPENSATION DISCUSSION). | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F | INANCIAL |
| STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC. | HOWEVER, THE |
| ORGANIZATION DOES HAVE A PROCESS FOR PROVIDING COPIES ON A | CASE BY CASE |
| BASIS. | |
| | |
| FORM 990, PART XII, LINE 2C | |
| THERE HAS BEEN NO CHANGE IN THE AUDIT OVERSIGHT PROCEDURES | FROM THE |
| PRIOR YEAR. | |
| | |
| | |
| FORM 990, PART III, LINE 1 CONTINUATION: | |
| OUR MEMBER COMPANIES HAVE COMMITTED A CONSIDERABLE AMOUNT | OF RESOURCES |
| AND INVESTMENT TO DELIVER HIGH-SPEED BROADBAND TO U.S. HOU | SEHOLDS, AND |
| EXPAND SERVICE ACCESS ACROSS THE NATION. THEY ARE ALSO ACT | IVELY ENGAGED |
| IN DEVELOPING AND MAINTAINING INNOVATIVE PARTNERSHIPS TO B | ETTER SERVE |
| CONSUMERS REDUCING BARRIERS AND BUILDING A NETWORK INFR | ASTRUCTURE |
| THAT ENCOURAGES AND SUPPORTS BROADBAND CONNECTIVITY FOR AL | L AMERICANS. |
| IN ADDITION, USTELECOM MEMBERS HAVE LONG DEMONSTRATED THEIR | R |
| MULTI-BILLION COMMITMENT TO WORKING WITH MINORITIES, WOMEN | <i>i</i> |
| SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISES, AND SE | MALL |
| BUSINESSES ENCOURAGING SUPPLIER RELATIONSHIPS WITH MINO | RITY-OWNED |
| VENDOR SOURCES WHENEVER POSSIBLE THAT CAN PROVIDE COMPETIT | IVE PRICES, |
| QUALITY AND SERVICE. | |

| UNITED STATES TELECOM ASSOCIATION | 53-0159345 |
|--|---------------|
| BROADBAND TECHNOLOGY HAS ENRICHED THE NATION'S ECONOMY, ED | UCATION, |
| HEALTH CARE AND MORE, DRIVING A HIGHER QUALITY OF LIFE FOR | ALL |
| AMERICANS. AS A RESULT OF THE INDUSTRY'S COMMITMENT TO ONG | OING |
| INVESTMENT TO EXTEND HIGH-SPEED INTERNET SERVICES AND APPL | ICATIONS, A |
| ROBUST BROADBAND INFRASTRUCTURE IS NOW AVAILABLE COAST-TO- | COAST. OUR |
| MISSION AT USTELECOM IS TO UNITE AMERICA'S BROADBAND SERVI | CE PROVIDERS |
| ACROSS OUR MEMBERSHIP IN THE ADVOCACY OF PRO-INVESTMENT PO | LICIES THAT |
| PROMOTE BROADBAND ACCESS AND EXPANSION, AND PROVIDE VALUAB | LE SERVICES |
| AND PLATFORMS TO EVERY AMERICAN. THE TELECOM SECTOR HAS B | EEN ACTIVELY |
| ENGAGED IN A NUMBER OF EFFORTS TO ADVANCE BROADBAND ADOPTI | ON AND EXPAND |
| HIGH-SPEED INTERNET TO AREAS ACROSS THE COUNTRY. | |
| USTELECOM IS ALSO COMMITTED TO PROVIDING PROFESSIONAL DEVE | LOPMENT |
| OPPORTUNITIES AND ONLINE TECHNICAL EDUCATION. IN ADDITION, | WE STRIVE TO |
| KEEP THE PUBLIC INFORMED AND UPDATED ON THE STATE OF THE C | OMMUNICATIONS |
| MARKETPLACE, WHILE PROVIDING HIGH-QUALITY RESEARCH AND INF | ORMATION ON |
| THE BROADBAND INDUSTRY. THROUGH WEEKLY NEWSLETTERS AND STR | ATEGIC CEO |
| MEMOS, OUR ASSOCIATION OFFERS ACCESS TO INVALUABLE INDUSTR | Y RESOURCES. |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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.

OMB No 1545-0047

Open to Public Inspection 2015

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

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

UNITED STATES TELECOM ASSOCIATION

Employer identification number 53-0159345

Direct controlling entity End-of-year assets (e) Total income € Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity

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

| (a) | (q) | (0) | (p) | (e) | (J) | (a) | 77.77 |
|--|---------------------------|--------------------------------|-------------|--------------------|--------------------|-----------------|----------------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | Section 5 12(b) | (c) (c) led |
| of related organization | | foreign country) | section | status (if section | entity | entity? | ç |
| | | | | 501(c)(3)) | | Yes | S N |
| UNITED STATES TELECOM ASSOCIATION FOUNDATION PROVIDE EDUCATIONAL | PROVIDE EDUCATIONAL | | | | | | |
| - 52-1691824, 607 14TH STREET, NW, #400, | PROGRAMS ON | | | | US TELECOM | | |
| WASHINGTON, DC 20005 | TELECOMMUNICATIONS | DISTRICT OF COLUMBIA 501(C)(3) | | 509(A)(3) | ASSOCIATION | | × |
| UNITED STATES TELECOM ASSOCIATION POLITICAL | | | | | | | |
| ACTION COMMITTEE, 607 14TH STREET, NW, #400, | PROVIDE FEDERAL CAMPAIGN | | | | US TELECOM | | |
| WASHINGTON, DC 20005 | CONTRIBUTIONS. | DISTRICT OF COLUMBIA | 527(F) | _5. | ASSOCIATION | | × |
| UNITED STATES TELEPHONE ASSOCIATION | FUND HEALTH BENEFIT PLANS | | | | | - | |
| 501(C)(9) TRUST - 52-1851497, 607 14TH | FOR ELIGIBLE EMPLOYEES, | | | | US TELECOM | | |
| STREET, NW, #400, WASHINGTON, DC 20005 | DEPENDENTS AND RETIREES. | DISTRICT OF COLUMBIA 501(C)(9) | 501(C)(9) | _ 54_ | SSOCIATION | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2015

Page 2 53-0159345

UNITED STATES TELECOM ASSOCIATION Schedule R (Form 990) 2015

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 Part III

General or Percentage managing ownership partner? (i) Section 512(b)(13) controlled entity? Yes No 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. 3 Percentage ownership 9 Ξ Code V-UBI amount in box 7 20 of Schedule – K-1 (Form 1065) Share of end-of-year assets 6 ž Disproportionate allocations? Ξ Yes Share of total income $\boldsymbol{arepsilon}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত (e) Legal domicile (state or foreign country) (d) (d) Direct controlling entity Primary activity 9 (C)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

532162 09-08-15

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

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| related organization(s) |
| Performance of services or membership or fundraising solicitations by related organization(s) |
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| 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 |
| (b) Transaction type (a-s) |
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(6) 532163 09-08-15

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2015 UNITED STATES TELECOM ASSOCIATION

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

| Primary activity | and EIN Primary activity Legal domecine Priconformation through Share of Indian Primary activity Relation of through Relation of through Relation of through Relation of through Relations \$1/2-51-41 Priconformation of through Relations \$1/2-51-41 Priconfo | (a) (b) (c) (d) | (q) | (0) | (p) | (e) | (6) | (F) | (1) | 3 | (K) |
|--|--|-----------------------------------|------------------|------------------------------------|--|------------------------------------|-------------------------|-------------------------------|---|------------------------------------|-------------------------|
| Sections 512-514) Yes No income assets | Sections 512-514 Yes No Income assets Sections 512-514 | me, address, and EIN of entity | Primary activity | Legal domicile state or foreign | Predominant income (related, unrelated, unrelated, under | partners sec 501(c)(3) orgs? | Share of end-of-year | Dispropor tonate allocations? | Code V-UBI amount in box 20 of Schedule K-1 | General or managing partner? | Percentage ownership |
| | Schedule R Form 900) 2015 | | | country) | sections 512-514) | Yes No | assets | Yes No | (Form 1065) | Yes No | |
| | Streadule R Form 900) 2015 | | | | | | | | | | • |
| | Schedule R (Furm 600) 2015 | | | | | | | | | | |
| | Schedule R (Form 500) 2015 | | | | | | | | | | |
| | Schedule R (Form 500) 2015 | | | | | | | | | | |
| | Schedule R (Form 960) 2015 | | | | | | | | | | |
| | Schedule R Form 980) 2015 | | | | | - | | | | | |
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| | Schedule R (Porm 990) 2015 | | | | | | | | | | |
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| | Schedule R (Form 990) 2015 | | | | | | | | | | |

| Schedule R (Form 990) 2015 UNITED STATES TELECOM ASSOCIATION | 53-0159345 Page 5 |
|--|---------------------------------------|
| Part VII Supplemental Information | |
| Provide additional information for responses to questions on Schedule R (see instructions) | |
| DARM II IDENMIEIGAMION OR DRIAMED MAY DVENDM ODGANIGAMIONG | |
| PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS | : |
| | |
| | |
| NAME_OF_RELATED_ORGANIZATION: | |
| | |
| UNITED STATES TELECOM ASSOCIATION FOUNDATION | |
| DDIMARY ACMINIMY, DRONING EDUCAMIONAL DROCRAMG ON MRI BOOMG | NTC) TOUG |
| PRIMARY ACTIVITY: PROVIDE EDUCATIONAL PROGRAMS ON TELECOMMU | NICATIONS |
| TECHNOLOGY. | |
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