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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)

DLN: 93493316040718 OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public

Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization CTIA - THE WIRELESS ASSOCIATION D Employer identification number ☐ Address change 52-1347628 % MICHAEL DONNELLAN ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 1400 16TH STREET NW Suite 600 ☐ Amended return ☐ Application pending (202) 736-3200 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20036 G Gross receipts \$ 88,649,645 F Name and address of principal officer **H(a)** Is this a group return for MEREDITH ATTWELL BAKER ☐Yes ☑No subordinates? 1400 16TH STREET NW H(b) Are all subordinates WASHINGTON, DC 20036 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW CTIA ORG **H(c)** Group exemption number ▶ L Year of formation 1984 M State of legal domicile DC Summary 1 Briefly describe the organization's mission or most significant activities Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 115 Total number of volunteers (estimate if necessary) . . 6 37 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 728 7b **b** Net unrelated business taxable income from Form 990-T, line 34 -24,178 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 10,852,672 11,474,118 **9** Program service revenue (Part VIII, line 2g) . . . 59,579,132 50,273,687 2,270,344 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,993,966 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,515,047 5,082,901 78,217,195 70,824,672 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,137,638 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 2,168,411 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 23,784,911 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 24,883,353 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 38,508,785 38,965,412 65,560,549 64,887,961 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,936,711 19 Revenue less expenses Subtract line 18 from line 12 . 12,656,646 Assets or d Balances **Beginning of Current Year End of Year** 186,666,266 20 Total assets (Part X, line 16) . 172,222,666 16,740,532 20,853,430 21 Total liabilities (Part X, line 26) . 155,482,134 165,812,836 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-11-12 Signature of officer Sign Here MEREDITH ATTWELL BAKER PRESIDENT & CEO Type or print name and title Print/Type preparer's name TRAVIS L PATTON Preparer's signature TRAVIS L PATTON Date PTIN

Paid **Preparer** Use Only

Check  $\square$  if 2018-11-12 P00369623 self-employed Firm's EIN Firm's name PricewaterhouseCoopers LLP Firm's address ▶ 600 13TH STREET NW STE 1000 Phone no (202) 414-1000 WASHINGTON, DC 20005 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017) Cat No 11282Y

| Form                       | 990 (2017)  |   |  |  | Page <b>2</b>  |
|----------------------------|---|---|--|--|--|
| Par                        | t IIII Statement  | of Program Service Ac   | complishments  |  |  |
|                            | Check if Sche   | dule O contains a response o  | r note to any line in this Part III .  |  | 🗹  |
| 1                          | Briefly describe the o  | organization's mission  |  |  |  |
| COM<br>SERV<br>CON<br>PRAC | MUNICATIONS INDUST<br>/ICES AND PRODUCTS<br>GRESS, AND STATE RE | TRY, INCLUDING WIRELESS O<br>CTIA ADVOCATES ON THEIF<br>GULATORY AND LEGISLATIV | NAL NONPROFIT MEMBERSHIP ORGA<br>CARRIERS, THEIR SUPPLIERS, AND (<br>R BEHALF BEFORE THE EXECUTIVE E<br>E BODIES THE ASSOCIATION ALSO<br>OTE THE WIRELESS INDUSTRY AND | OTHER PROVIDERS AND MANUE<br>BRANCH, THE FEDERAL COMMU<br>COORDINATES THE INDUSTRY | FACTURERS OF WIRELESS NICATIONS COMMISSION, ('S VOLUNTARY BEST |
| 2                          | Did the organization<br>the prior Form 990 o                    | , -   | gram services during the year which  | n were not listed on   | ☐ Yes ☑ No   |
|                            | If "Yes," describe the  | ese new services on Schedule  | 0  |  |  |
| 3                          | Did the organization  | cease conducting, or make si  | gnificant changes in how it conducts   | s, any program   |  |
|                            | services?   |   |  |  | 🗌 Yes 🗹 No   |
|                            | If "Yes," describe the  | ese changes on Schedule O   |  |  |  |
| 4                          | Section 501(c)(3) an  |   | nplishments for each of its three lar<br>e required to report the amount of g<br>service reported  |  |  |
|                            | (Code   | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )  |
|                            | See Additional Data   |   |  |  | ,<br>  |
| 4b                         | (Code   | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )  |
|                            | See Additional Data   |   |  |  | ,<br>  |
| 4c                         | (Code   | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )  |
|                            | See Additional Data   |   |  |  |  |
|                            | (Code   | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )  |
|                            | CERTIFICATIONS - SEE  | SCHEDULE O  |  |  |  |
| 4d                         | Other program service   | ces (Describe in Schedule O )   |  |  |  |
|                            | (Expenses \$  | 0 including   | grants of \$ 0   | ) (Revenue \$  | 0)   |
| 4e                         | Total program serv  | vice expenses ►   | 0  |  |  |

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

Νo

Νo

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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 

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6

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11f

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14b

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Form **990** (2017)

Yes

Yes

Yes

Yes

Yes

29

| Part IV | Checklist of Required Schedules (continued) |
|---------|---|
|         |   |

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23  | Yes |    |

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . 🕏

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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24b

24c

24d

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25b

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28a

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Form 990 (2017)

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No

Nο

| orm | 990 (2017)   |            |     | Page ! |
|-----|--|------------|-----|--------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance  |            |     |        |
|     | Check if Schedule O contains a response or note to any line in this Part V   |            |     |        |
|     |  |            | Yes | No     |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 184  |            |     |        |
|     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |            |     |        |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         | Yes |        |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |     |        |
|     |  | 2b         | Yes |        |
| D   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | 20         | 103 |        |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         | Yes |        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         | Yes |        |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |     | No     |
| b   | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |            |     | 140    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No     |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No     |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |            |     |        |
| -   | 2. 122, 12 mile Su or Soy and the organization metrorin 6000 f.  | 5c         |     |        |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a         |     | No     |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> b |     |        |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |            |     |        |
| 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         |     |        |
|     | 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         |     |        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |        |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     |        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     |        |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     |        |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |        |
| 8   | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |        |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |        |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |        |
| 0   | Section 501(c)(7) organizations. Enter   |            |     |        |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |     |        |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |     |        |
| 1   | Section 501(c)(12) organizations. Enter  |            |     |        |
|     | Gross income from members or shareholders  |            |     |        |
|     | Gross income from other sources (Do not net amounts due or paid to other sources   |            |     |        |
|     | against amounts due or received from them )  |            |     |        |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |        |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |     |        |
| .3  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |        |
| а   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | 13a        |     |        |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |        |
| c   | Enter the amount of reserves on hand   |            |     |        |
| 4a  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | No     |
|     |  |            |     |        |

| Form | 990 (2017)  |        |     | Page <b>6</b> |
|------|---|--------|-----|---------------|
| Par  | 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   |        |     | <b>✓</b>      |
| Se   | ction A. Governing Body and Management  | 1      | Yes | No            |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 1a 34   |        | 163 | 140           |
|      | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |        |     |               |
| b    | Enter the number of voting members included in line 1a, above, who are independent  1b 33   |        |     |               |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2      |     | No            |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .   | 3      |     | No            |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4      |     | No            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5      |     | No            |
| 6    | Did the organization have members or stockholders?  | 6      | Yes |               |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a     | Yes |               |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b     | 103 | No            |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |        |     |               |
| а    | The governing body?   | 8a     | Yes |               |
|      | Each committee with authority to act on behalf of the governing body?   | 8b     | Yes |               |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9      |     | No            |
| Se   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu   | e Code | ⊋.) |               |
|      |   |        | Yes | No            |
| 10a  | Did the organization have local chapters, branches, or affiliates?  | 10a    |     | No            |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b    |     |               |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a    | Yes |               |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |        |     |               |
|      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a    | Yes |               |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b    | Yes |               |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c    | Yes |               |
| 13   | Did the organization have a written whistleblower policy?   | 13     | Yes |               |
| 14   | Did the organization have a written document retention and destruction policy?  | 14     | Yes |               |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |        |     |               |
| а    | The organization's CEO, Executive Director, or top management official  | 15a    | Yes |               |
| b    | Other officers or key employees of the organization   | 15b    | Yes |               |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |        |     |               |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a    |     | No            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt                      |        |     |               |
|      | status with respect to such arrangements?   | 16b    |     |               |
| Se   | ction C. Disclosure   |        |     |               |
| 17   | List the States with which a copy of this Form 990 is required to be filed▶   |        |     |               |
| 18   | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  |        |     |               |
| 19   | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest   |        |     |               |
| 20   | 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  MICHAEL DONNELLAN 1400 16TH STREET NW WASHINGTON, DC 20036 (202) 736-3200 |        |     |               |
|      |   |        |     |               |

| orm 990 (2                   | 017)   |  |                                   |                       |                       |                                 |                              |             |  |  | Page <b>7</b>  |
|------------------------------|--|--|-----------------------------------|-----------------------|-----------------------|---------------------------------|------------------------------|-------------|--|--|--|
| Part VII                     | Compensation of Officer and Independent Contra   |  | Truste                            | es,                   | Key                   | En                              | ıploy                        | ees         | , Highest Comp   | ensated Employ   | rees,  |
|                              | Check if Schedule O contains a   | response or no   | te to an                          | y line                | ın t                  | his                             | Part V                       | Ι.          |  |  | <u> </u>   |
| Section                      | A. Officers, Directors, Tru  | stees, Key E   | mploy                             | ees                   | , an                  | d H                             | lighe                        | st C        | Compensated En   | nployees   |  |
| ear                          | e this table for all persons require   |  |                                   |                       |                       |                                 |                              |             |  |  | -  |
| of compensa                  | of the organization's <b>current</b> off<br>tion Enter -0- in columns (D), (                               | E), and (F) if no                                      | compe                             | nsatı                 | on v                  | vas į                           | paid                         |             |  | -  |  |
|                              | of the organization's <b>current</b> key   |  | •                                 |                       |                       |                                 |                              |             |  |  |  |
| vho received<br>organization | organization's five <b>current</b> high<br>d reportable compensation (Box<br>and any related organizations | 5 of Form W-2  | and/or E                          | Зох 7                 | of F                  | orm                             | 1099                         | -MIS        | SC) of more than \$1   | 00,000 from the  |  |
| of reportable                | of the organization's <b>former</b> office<br>compensation from the organiz                                | ation and any r  | elated o                          | rganı                 | zatı                  | ons                             | -                            |             |  |  |  |
| List all operation           | of the organization's <b>former dire</b><br>, more than \$10,000 of reportab                               | ectors or trust<br>le compensation                     | <b>ees</b> that<br>n from t       | t rece<br>the or      | gan                   | l, ın<br>ızatı                  | the ca                       | paci<br>any | ty as a former direc<br>v related organization                     | tor or trustee of the<br>ons                                       | 9  |
|                              | in the following order individua<br>d employees, and former such p   |  | ectors, i                         | ınstıtı               | utior                 | nal t                           | rustee                       | s, of       | ficers, key employe  | es, highest  |  |
| ☐ Check t                    | his box if neither the organizatio   | n nor any relate                                       | ed orgar                          | nizatio               | on c                  | omp                             | ensate                       | d ar        | ny current officer, di   | rector, or trustee   |  |
|                              | <b>(A)</b><br>Name and Title   | (B) Average hours per week (list any hours for related |                                   | ne b                  | ox, ι<br>n of<br>or/t | t che<br>unles<br>ficer<br>rust | s pers<br>and a<br>ee)       | on          | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|                              |  | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee | Officer               | key employee                    | Highest compensated employee | Former      |  | MISC)  | related<br>organizations   |
| See Additiona                | al Data Table  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |

Name and Title

Average

hours per

week (list

Part VII

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

Estimated

amount of other

compensation

Reportable

compensation

from related

Page 8

1,811,225

947,946

748,750

825,907

Form 990 (2017)

|       |  | any hours   |                                   | direc  |         |              | randa<br>ee)                    | l      | organizat    | ion (W-   | organizations (              | w-       | from f                           | the        |
|-------|--|---|-----------------------------------|--|---------|--------------|---------------------------------|--------|--------------|-----------|------------------------------|----------|----------------------------------|------------|
|       |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee                        | Officer | key employee | Highest compensated<br>employee | Former | 2/1099-      | MISC)     | 2/1099-MISC                  | ,        | organizati<br>relati<br>organiza | ed         |
| See   | Additional Data Table  |   |                                   |  |         |              |                                 |        |              |           |                              |          |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | $\top$   |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | +        |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | +        |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | +        |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | $\dashv$ |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | $\perp$  |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              |          |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              |          |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | $\top$   |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              | +        |                                  |            |
| 1b :  | Sub-Total  |   | <del></del>                       | <u>.                                    </u> |         |              | <b> </b>                        |        | <u> </u>     |           |                              | ┰        |                                  |            |
|       | Total from continuation sheets to P  | •   |                                   |  |         |              | ▶ _                             |        |              |           |                              |          |                                  |            |
|       | Total (add lines 1b and 1c)  |   |                                   |  |         |              | <b>&gt;</b>                     |        | •            | 6,765     |                              | 0        |                                  | 1,410,170  |
| 2     | Total number of individuals (including of reportable compensation from the |   |                                   | e list                                       | ed a    | bov          | e) who                          | rec    | eived more   | than \$1  | 00,000                       |          |                                  |            |
|       |  |   |                                   |  |         |              |                                 |        |              |           |                              |          | Yes                              | No         |
| 3     | Did the organization list any <b>former</b>                                | officer. director                                     | or trust                          | ee. k  | ev e    | mpl          | ovee. (                         | or hi  | ahest comp   | ensated   | emplovee on                  |          | 163                              | 110        |
|       | line 1a? If "Yes," complete Schedule                                       | ,   |                                   |  | •       |              |                                 |        |              |           | • •                          | 3        |                                  | No         |
| 4     | For any individual listed on line 1a, is                                   |   |                                   |  |         |              |                                 |        |              |           | n the                        |          |                                  |            |
|       | organization and related organization individual                           | s greater than s                                      | \$150,00                          | 0 / If                                       | Yes     | , " c        | ompiet<br>•                     | e Sc   | chedule J fo | r such    |                              | 4        | Yes                              |            |
| 5     | Did any person listed on line 1a recei                                     | ve or accrue cor                                      | mpensa                            | tion f                                       | rom     | anv          | unrela                          | ated   | organizatio  | n or ındı | vidual for                   | -        | 165                              |            |
| -     | services rendered to the organization                                      |   |                                   |  |         |              |                                 |        | -            |           |                              | 5        |                                  | No         |
| S     | ection B. Independent Contract   | tors  |                                   |  |         |              |                                 |        |              |           |                              |          |                                  |            |
| 1     | Complete this table for your five high from the organization Report compe  |   |                                   |  |         |              |                                 |        |              |           |                              | npen     | sation                           |            |
|       | · · · · · · · · · · · · · · · · · · ·                                      | (A)   |                                   | year   | CIIC    | ıy           | , v I C I I O                   | · vvil |              |           | (B)                          |          | (C                               |            |
| W]I K | Name INSON BARKER KNAUER LLP,  | and business addre                                    | ess                               |  |         |              |                                 |        | I F          |           | ription of services SULTANTS | $\dashv$ | Compen<br>2                      | 724,196    |
|       | M STREET NW  |   |                                   |  |         |              |                                 |        |              |           |                              |          | ے ۔                              | ,. = 1,150 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Position (do not check more

than one box, unless person

is both an officer and a

Reportable

compensation

from the

CONSULTANTS

CONSULTANTS

LEGAL CONSULTANTS

LEGAL CONSULTANTS

compensation from the organization ▶ 48

WASHINGTON, DC 20036 WIRELESS MEDIA CONSULTING INC,

FAIRFAX, VA 22033 WILEY REIN LLP,

1776 K STREET NW WASHINGTON, DC 20006

UENO LLC,

PO BOX 840723

11781 LEE JACKSON MEMORIAL HIGHWAY

1263 MISSION STREET 3RD FLOOR SAN FRANCISCO, CA 94103 GIBSON DUNN CRUTCHER LLP,

LOS ANGELES, CA 900840723

|  | 90 (2017)  | Payania                               |                       |                             |                 |                                   |   | Page <b>9</b>                                |
|--|--|---------------------------------------|-----------------------|-----------------------------|-----------------|-----------------------------------|---|--|
| Part \   |  |                                       | ponse or note to any  | line in this Part           | VIII            |                                   |   | 🗆  |
|  |  |                                       |                       | <b>(A)</b><br>Total revenue | Rel<br>e><br>fu | (B)<br>ated or<br>kempt<br>nction | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections |
|  | 1a Federated campaign  | ns 1a                                 |                       |                             | l re            | venue                             |   | 512-514                                      |
| ints<br>unts   | <b>b</b> Membership dues   | 1b                                    | 11,474,118            |                             |                 |                                   |   |  |
| 6ra<br>mo  | c Fundraising events   | 10                                    | :                     |                             |                 |                                   |   |  |
| ffs.<br>⊑A⊒  | <b>d</b> Related organizatio   | ns 1d                                 |                       |                             |                 |                                   |   |  |
| niigi<br>Bii   | e Government grants (co  | ontributions) <b>1e</b>               |                       |                             |                 |                                   |   |  |
| Sin  | f All other contributions, and similar amounts no                      | ot included                           |                       |                             |                 |                                   |   |  |
| juti<br>her  | above  | _ 11                                  |                       |                             |                 |                                   |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contribution in lines 1a-1f \$                               | ons included                          |                       |                             |                 |                                   |   |  |
| Col  | h Total.Add lines 1a-1   | f                                     | 🕨                     | 11,474,118                  |                 |                                   |   |  |
| <u>ə</u>   |  |                                       | Business              | Code                        |                 |                                   |   |  |
| Y-S-T  | 2a ANNUAL CONVENTION   |                                       |                       | 900099                      | 2,750,000       | 2,750,                            |   |  |
| oŽ<br>3⊾   | c ctia org   |                                       |                       | 515100<br>541800            | 6,424,833       | 6,424,                            | 965                                     | 728  |
| r MC   | d CSC PROGRAM  |                                       |                       |                             | 32,379,427      | 32,379,                           |   |  |
| 35   | e NEAD/LBTB  |                                       |                       | 517000                      | 8,655,734       | 8,655,                            | 734                                     |  |
| Program Service Revenue                                | f All other program se   | rvice revenue                         |                       |                             |                 |                                   |   |  |
| ě.   | gTotal.Add lines 2a-2f   |                                       | ▶ 50,2                | 273,687                     |                 |                                   |   |  |
|  | 3 Investment income (in  |                                       | , interest, and other | 2,029                       | .259            |                                   |   | 2,029,259                                    |
|  | similar amounts) . 4 Income from investme                              | · · · · · · · · · · · · · · · · · · · | bond proceeds         |                             | 0               |                                   |   | , ,  |
|  | <b>5</b> Royalties   |                                       |                       |                             | 0               |                                   |   |  |
|  | <b>6a</b> Gross rents  | (ı) Real                              | (II) Personal         |                             |                 |                                   |   |  |
|  | oa Gross rents   | 7,684,0                               | 73                    |                             |                 |                                   |   |  |
|  | <b>b</b> Less rental expenses  | 2,540,7                               | 30                    |                             |                 |                                   |   |  |
|  | c Rental income or (loss)  | 5,143,3                               | 43 (                  | <u> </u>                    |                 |                                   |   |  |
|  | <b>d</b> Net rental income o   | r (loss)                              |                       |                             | ,343            |                                   |   | 5,143,343                                    |
|  | (ı) Securitie  |                                       | (II) Other            | ,                           | ·               |                                   |   | -,,  |
|  | <b>7a</b> Gross amount from sales of assets other                      | 17,250,5                              | -1,580                |                             |                 |                                   |   |  |
|  | than inventory <b>b</b> Less cost or                                   |                                       |                       | -                           |                 |                                   |   |  |
|  | other basis and sales expenses   | 15,284,24                             |                       |                             |                 |                                   |   |  |
|  | C Gain or (loss)   | 1,966,2                               | -1,580                | ]<br>  1,964                | 707             |                                   |   | 1,964,707                                    |
|  | <b>d</b> Net gain or (loss) . <b>8a</b> Gross income from fi           |                                       | <u> </u>              | 1,964                       | ,,,,,,,         |                                   |   | 1,964,707                                    |
| Other Revenue  |  | of on line 1c)                        | <b>a</b> 0            |                             |                 |                                   |   |  |
| Rev  | <b>b</b> Less direct expense   |                                       | <b>b</b> 0            |                             |                 |                                   |   |  |
| ier  | c Net income or (loss)   | _                                     | events •              | <del>-</del>                | 0               |                                   |   |  |
| 5  | <b>9a</b> Gross income from g<br>See Part IV, line 19                  |                                       |                       |                             |                 |                                   |   |  |
|  |  |                                       | <b>a</b> 0            | _                           |                 |                                   |   |  |
|  | <ul><li>b Less direct expense</li><li>c Net income or (loss)</li></ul> |                                       | b 0                   |                             | 0               |                                   |   |  |
|  | 10aGross sales of invent   |                                       | itles •               | 1                           |                 |                                   |   |  |
|  | returns and allowand   |                                       | <b>a</b> 0            |                             |                 |                                   |   |  |
|  | <b>b</b> Less cost of goods s  | old                                   | <b>b</b> 0            |                             |                 |                                   |   |  |
|  | c Net income or (loss)   |                                       |                       |                             | О               |                                   |   |  |
|  | Miscellaneous  | Revenue                               | Business Code         |                             |                 |                                   |   |  |
|  | 11a <sub>MANA</sub> GEMENT FEES  |                                       | 900099                | 114                         | ,000            | 114,000                           |   |  |
|  | b OTHER NET INCOME SUBSIDIARIES  | FROM                                  | 900099                | -174                        | ,442            | -174,442                          |   |  |
|  | с  |                                       |                       |                             |                 |                                   |   |  |
|  | <b>d</b> All other revenue .   |                                       |                       |                             |                 |                                   |   |  |
|  | e Total. Add lines 11a   | -11d                                  | •                     | -60                         | ,442            |                                   |   |  |
|  | 12 Total revenue. See  | Instructions .                        |                       | 70,824                      | ,               | 50,212,517                        | -                                       | 728 9,137,309                                |
|  |  |                                       |                       | , 0,024                     | ,               | -0,212,311                        |   | Form 000 (2017)                              |

| orm 9           | 990 (2017)   |                       |                              |   | Page <b>10</b>                    |
|-----------------|--|-----------------------|------------------------------|---|-----------------------------------|
|                 | Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must complete all co  | lumns All other orga  | anızatıons must com          | plete column (A)                          |                                   |
|                 | Check if Schedule O contains a response or note to any   | line in this Part IX  |                              | <u></u>                                   | <u> </u>                          |
|                 | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraisingexpenses |
| <b>1</b> G      | rants and other assistance to domestic organizations and omestic governments See Part IV, line 21  | 2,137,638             | ·                            |   |                                   |
|                 | irants and other assistance to domestic individuals. See Part<br>V, line 22  | 0                     |                              |   |                                   |
| g               | irants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 15 nd 16  | 0                     |                              |   |                                   |
| <b>4</b> B      | enefits paid to or for members   | 0                     |                              |   |                                   |
|                 | ompensation of current officers, directors, trustees, and ey employees   | 10,459,550            |                              |   |                                   |
| d               | ompensation not included above, to disqualified persons (as efined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B)   | 0                     |                              |   |                                   |
| 7 0             | ther salaries and wages  | 10,372,917            |                              |   |                                   |
|                 | ension plan accruals and contributions (include section 401 <a>k</a> ) and 403(b) employer contributions)  | 1,031,730             |                              |   |                                   |
| 9 0             | ther employee benefits   | 1,032,764             |                              |   |                                   |
| <b>10</b> P     | ayroll taxes   | 887,950               |                              |   |                                   |
| <b>11</b> F     | ees for services (non-employees)   |                       |                              |   |                                   |
| aМ              | lanagement   | 0                     |                              |   |                                   |
|                 | egal   | 312,016               |                              |   |                                   |
| c A             | ccounting  | 470,912               |                              |   |                                   |
|                 | obbying  | 7,132,847             |                              |   |                                   |
|                 | rofessional fundraising services See Part IV, line 17  | 0                     |                              |   |                                   |
|                 | nvestment management fees  | 96,138                |                              |   |                                   |
| g O             | other (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O)  | 11,135,169            |                              |   |                                   |
| <b>12</b> A     | dvertising and promotion   | 0                     |                              |   |                                   |
| <b>13</b> 0     | iffice expenses  | 592,343               |                              |   |                                   |
| <b>14</b> In    | nformation technology  | 338,229               |                              |   |                                   |
|                 | oyalties   | 0                     |                              |   |                                   |
|                 | ccupancy   | 556,706               |                              |   |                                   |
|                 | ravel  | 924,734               |                              |   |                                   |
| <b>18</b> P     | ayments of travel or entertainment expenses for any ederal, state, or local public officials   | 10,917                |                              |   |                                   |
| <b>19</b> C     | onferences, conventions, and meetings  | 320,309               |                              |   |                                   |
|                 | nterest  | 0                     |                              |   |                                   |
|                 | ayments to affiliates  | 0                     |                              |   |                                   |
|                 | epreciation, depletion, and amortization   | 4,721,795             |                              |   |                                   |
|                 | nsurance   | 1,073,268             |                              |   |                                   |
| <b>24</b> 0 m e | where expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)   | -,,,                  |                              |   |                                   |
| а               | PUBLIC POLICY  | 7,211,908             |                              |   |                                   |
| b               | CSC MONITORING   | 1,811,225             |                              |   |                                   |
| c               | REAL ESTATE TAXES  | 1,632,787             |                              |   |                                   |
| d               | DUES & SUBSCRIPTIONS   | 312,758               |                              |   |                                   |
| e               | All other expenses   | 311,351               |                              |   |                                   |
| 25 T            | otal functional expenses. Add lines 1 through 24e  | 64,887,961            |                              |   |                                   |
| re<br>e         | oint costs. Complete this line only if the organization eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation heck here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |                              |   |                                   |

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11

12

13

Liabil

Fund Balances

Assets or

Net

23

24

26

27

28

29

30

31

32

33

34

Page **11** 

0

0

0

0

0

0

0

0

521.264

20,853,430

165,812,836

165,812,836

186.666.266

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1,967,526

2,668,548

65,084,519

67.377.087

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

basis Complete Part VI of Schedule D

Investments—publicly traded securities .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

b Less accumulated depreciation

|  | Beginning of year |   | End of year |
|--|-------------------|---|-------------|
| Cash-non-interest-bearing              | 239,611           | 1 | 686,866     |
| Savings and temporary cash investments | 36,009,841        | 2 | 42,299,910  |

|   | Savings and temporary cash investments  |           | _ | ,,        |
|---|---|-----------|---|-----------|
| 3 | Pledges and grants receivable, net  | 0         | 3 | 0         |
| 4 | Accounts receivable, net  | 7,194,533 | 4 | 6,568,346 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0         | 5 | 0         |
| 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and            |           |   |           |

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net 7 Inventories for sale or use . 8 1.267.540 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other

10a

10b

|         | 14 | Intangible assets  | 0           | 14 | 0           |
|---------|----|--|-------------|----|-------------|
|         | 15 | Other assets See Part IV, line 11  | 37,592      | 15 | 13,464      |
|         | 16 | Total assets.Add lines 1 through 15 (must equal line 34)   | 172,222,666 | 16 | 186,666,266 |
|         | 17 | Accounts payable and accrued expenses  | 11,222,697  | 17 | 11,108,086  |
|         | 18 | Grants payable   | 0           | 18 | 0           |
|         | 19 | Deferred revenue   | 5,014,646   | 19 | 9,224,080   |
|         | 20 | Tax-exempt bond liabilities  | 0           | 20 | 0           |
| S       | 21 | Escrow or custodial account liability Complete Part IV of Schedule D   | 0           | 21 | 0           |
| ilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified |             |    |             |

7,614,412

4,945,864

3,014,036

54.508.107

69.951.406

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503.189

16,740,532

155.482.134

155,482,134

172,222,666

23

24

25

26

27

28

29

30

31

32

33

34

0

10c

11

12

13

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12** 

3,705,154

688,837

No

Nο

No

Form 990 (2017)

165,812,836

Yes

Yes

Yes

2a

2b

2c

3a

3b

7

9

10

| Total expenses (must equal Part IX, column (A), line 25)                                  | 2 |  |
|---|---|--|
| Revenue less expenses Subtract line 2 from line 1   | 3 |  |
| Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 |  |
| Net unrealized gains (losses) on investments  | 5 |  |

Form 990 (2017)

**Reconcilliation of Net Assets** 

Donated services and use of facilities . . .

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

**Financial Statements and Reporting** 

Other changes in net assets or fund balances (explain in Schedule O) . . . . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Investment expenses . .

Part XI

7

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

#### Additional Data

Software ID:

Software Version:

**EIN:** 52-1347628

Form 990 (2017)

Name: CTIA - THE WIRELESS ASSOCIATION

Form 990, Part III, Line 4a:

THE ASSOCIATION REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BEFORE CONGRESS. STATE LEGISLATURES. THE FEDERAL COMMUNICATIONS COMMISSION AND OTHER FEDERAL AND STATE ADMINISTRATIVE AGENCIES ON MATTERS OF PUBLIC POLICY. THE ASSOCIATION ALSO REPRESENTS THE WIRELESS COMMUNICATIONS.

INDUSTRY BY FILING AMICUS (OR "FRIEND-OF-THE-COURT") BRIEFS IN SUPPORT OF IMPORTANT WIRELESS INTERESTS

### THE ASSOCIATION CO-SPONSORS NORTH AMERICA'S LARGEST FORUM FOR MOBILE INNOVATION AND ONE OF THE MOST INFLUENTIAL MOBILE MARKETPLACES THAT

BRINGS TOGETHER THE LEADING AUTHORITIES AND COMPANIES IN THE WIRELESS INDUSTRY

Form 990, Part III, Line 4b:

### THE ASSOCIATION ADMINISTERS THE COMMON SHORT CODES ("CSCS") FOR THE WIRELESS COMMUNICATIONS INDUSTRY AND FOR THE BENEFIT OF ALL MEMBERS OF THAT INDUSTRY IN THAT CAPACITY, THE ASSOCIATION ADMINISTERS A CATALOG OF CSCS, ASSIGNS CSCS CONTAINED IN THE CATALOG TO VARIOUS PARTIES

WISHING TO USE THOSE CODES, AND MAINTAINS A REGISTRY OF WHICH CSCS HAVE BEEN ASSIGNED AND FOR WHAT PURPOSES, AND WHICH CSCS ARE AVAILABLE FOR ASSIGNMENT CSCS ARE ASSIGNED TO ADVERTISERS AND ADVERTISING AGENCIES, TELEVISION AND RADIO PROGRAMS, DIRECT MARKETING AGENCIES, AND OTHER CONTENT PROVIDERS THAT WISH TO RECEIVE TEXT MESSAGES FROM, OR SEND TEXT MESSAGES TO, WIRELESS SUBSCRIBERS TO FACILITATE SUCH ACTIVITIES AS TELEVISION VOTING OR POLLING, INFORMATION REQUESTS, DIRECT RESPONSE MARKETING PROMOTIONS, WIRELESS ADVERTISING, AND CUSTOMER ENGAGEMENT

Form 990, Part III, Line 4c:

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

|                                  | any nound   | u                                 | u u                   |         | ,,,.,        | 45000,              | ′      | (14, 3,4,000         | (11/ 3/4000          | 1 110111 (110                                |
|----------------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
|                                  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| MEREDITH A BAKER PRESIDENT & CEO | 36 0<br>4 0   | х                                 |                       | ×       |              |                     |        | 2,275,248            | 0                    | 587,858                                      |
| MARCELO CLAURE<br>CHAIRMAN       | 1 0   | х                                 |                       | х       |              |                     |        | 0                    | 0                    | 0  |
| KENNETH MEYERS                   | 1 0   | ×                                 |                       | х       |              |                     |        | 0                    | 0                    | 0  |

| MARCELO CLAURE | 1 0 |   |   |   |  |  |     |  |
|----------------|-----|---|---|---|--|--|-----|--|
| CHAIRMAN       | 0 0 | × |   | Х |  |  | U   |  |
| KENNETH MEYERS | 1 0 | V |   |   |  |  |     |  |
| VICE CHAIRMAN  | 0 0 | × |   | Х |  |  | O   |  |
| BRET COMOLLI   | 1 0 | V |   | ~ |  |  | 0   |  |
| TDEACURED      |     | X | 1 | ^ |  |  | l " |  |

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and Independent Contractors

TIM BAXTER

SECRETARY

DIRECTOR

DIRECTOR

TAMI BARRON

MANNY BECERRA

DANNY BOWMAN

RUBEN CABALLERO

LIXIN CHENG

DIRECTOR

DIRECTOR (UNTIL OF 08/2017)

DIRECTOR (AS OF 05/2017)

| CHAIRMAN       | 0.0 |   |   |  |   |  |
|----------------|-----|---|---|--|---|--|
| KENNETH MEYERS | 1 0 |   |   |  |   |  |
|                |     | X | X |  | 0 |  |
| VICE CHAIRMAN  | 0 0 |   |   |  |   |  |
| BRET COMOLLI   | 1 0 |   |   |  |   |  |
|                |     | X | X |  | 0 |  |
| TREASURER      | 0.0 |   |   |  |   |  |

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

STEPHEN GRAY

NIKLAS HEUVELDOP

.....

DIRECTOR (AS OF 09/2017)

BRUCE HYUNG SEOCK LEE

DIRECTOR

JUDD HINKLE

DIRECTOR

DIRECTOR

TERRY INCH

DIRECTOR

|   | any hours   | and                               | a dır                 | recto   | or/tr        | ustee)                       | )      | organization         | organızatıons<br>(W- 2/1099- | from the                                     |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|------------------------------|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | `MISC)                       | organization and<br>related<br>organizations |
| RICK CORKER<br>DIRECTOR                         | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                            | 0  |
| DAVID CHRISTOPHER<br>DIRECTOR (AS OF 08/2017)   | 1 0   | x                                 |                       |         |              |                              |        | 0                    | 0                            | 0  |
| EDUARDO DIAZ CORONA<br>DIRECTOR (AS OF 06/2017) | 1 0   | ×                                 |                       |         |              |                              |        | 0                    | 0                            | 0  |
| ALLISON DINARDO                                 | 1 0   |                                   |                       |         |              |                              |        |                      |                              |  |

| EDUARDO DIAZ CORONA      | 1 0 | ×  |  |  | 0 | 0 |   |
|--------------------------|-----|----|--|--|---|---|---|
| DIRECTOR (AS OF 06/2017) | 0 0 | ^  |  |  |   | Ü |   |
| ALLISON DINARDO          | 1 0 | ., |  |  |   |   | Ī |
| DIRECTOR                 | 0 0 | X  |  |  | U | U |   |
| MIKE FINLEY              | 1 0 | v  |  |  | 0 | 0 | Ī |
| DIRECTOR                 | 0.0 | ^  |  |  |   | Ĭ |   |

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

|  | any hours   | and | a dır                 | ecto    | r/tr         | ustee)              | )      | organization         | organizations        | from the                                     |
|--|---|-----|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
|  | for related<br>organizations<br>below dotted<br>line) |     | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| RUDINEI KALIL<br>DIRECTOR              | 1 0   | ×   |                       |         |              |                     |        | 0                    | 0                    | 0  |
| JOHN LEGERE DIRECTOR                   | 10  | ×   |                       |         |              |                     |        | 0                    | 0                    | 0  |
| STEVE LEONARD DIRECTOR (UNTIL 09/2017) | 10  | ×   |                       |         |              |                     |        | 0                    | 0                    | 0  |
| ANDRE LOENNE                           | 1 0   | х   |                       |         |              |                     |        | 0                    | 0                    | 0  |

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| STEVE LEONARD            |
|--------------------------|
| DIRECTOR (UNTIL 09/2017) |
| ANDRE LOENNE             |
| DIRECTOR                 |
|                          |

......

GLENN LURIE

DIRECTOR

DIRECTOR

DIRECTOR

MIKE NARULA

RIMA QURESHI

DIRECTOR (UNTIL 06/2017)

STEVEN MARSHALL

WILLIAM MOUNGER

DIRECTOR (AS OF 1/2017)

SETHU MEENAKSHISUNDARAM

CHAIR EMERITUS (UNTIL 08/2017)

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SVP & CFO

HOWARD WRIGHT

WIRT YERGER III

JAY WHITEHURST

ROCCO CARLITTI

SCOTT BERGMANN

VP, REG AFFAIRS

|                 | family flours   | ā | a un                  | ectt    | <i>7</i> 17 C1 | usice,              | ,      | (N. 3/1000           | /W 3/4000            | organization and                             |  |
|-----------------|---|---|-----------------------|---------|----------------|---------------------|--------|----------------------|----------------------|--|--|
|                 | for related<br>organizations<br>below dotted<br>line) |   | Institutional Trustee | Officer | key employee   | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| PATRICK RIORDAN | 1 0   | X |                       |         |                |                     |        | 0                    | 0                    | 0  |  |
| DIRECTOR        | 0 0   |   |                       |         |                |                     |        |                      | 3                    |  |  |
| RICHARD RUHL    | 1 0   | x |                       |         |                |                     |        | 0                    | 0                    | 0  |  |
| DIRECTOR        | 0 0   |   |                       |         |                |                     |        |                      | U                    | ,  |  |
| RONALD SMITH    | 1 0   |   |                       |         |                |                     |        | 0                    | 0                    | 0  |  |
| DIRECTOR        | 0 0   | X |                       |         |                |                     |        |                      | 0                    | U  |  |
|                 |   |   |                       |         |                |                     |        |                      |                      |  |  |

0

0

65,207

70,205

0

| DIRECTOR        | 0 0 |     |  |  |   |   |
|-----------------|-----|-----|--|--|---|---|
| RONALD SMITH    | 1 0 | _   |  |  | 0 | 0 |
| DIRECTOR        | 0 0 | ^   |  |  | 0 | 0 |
| SLAYTON STEWART | 1 0 |     |  |  | 0 | 0 |
| DIRECTOR        | 0 0 | _ ^ |  |  | 0 | 0 |
| JOHN STRATTON   | 1 0 | ,,  |  |  | 0 |   |

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638,156

548,867

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless compensation hours per compensation amount of other week (list person is both an officer compensation from the from related from the

and Independent Contractors

SVP & GEN COUNSEL

PAUL ANUSZKIEWICZ

JOHN MARINHO

ROBERT ROCHE

VP, RESEARCH

JAMES SCHULER

VP, SPECTRUM PLANNING

......

VP, TECHNOLOGY & CYBERSECURITY

VP, EXTERNAL & STATE AFFAIRS

......

TOM SAWANOBORI

SVP & CTO

|                                 | any hours   | and | a dir                 | ecto | r/tr         | ustee               | )      | organization         | organizations        | from the                                     |
|---------------------------------|---|-----|-----------------------|------|--------------|---------------------|--------|----------------------|----------------------|--|
|                                 | for related<br>organizations<br>below dotted<br>line) |     | Institutional Trustee | 101  | key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| KELLY COLE<br>SVP, GOVT AFFAIRS | 38 0  |     |                       |      | ×            |                     |        | 538,756              | 0                    | 62,050                                       |
| BRADLEY GILLEN EXECUTIVE VP     | 38 0  |     |                       |      | ×            |                     |        | 1,050,670            | 0                    | 72,782                                       |
| JAMIE HASTINGS                  | 36 0  |     |                       |      | х            |                     |        | 618,082              | 0                    | 63,584                                       |

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29,675

62,897

74,820

65,038

59,859

65,600

65,620

0

0

639,616

552,843

352,727

415,671

365,298

326,192

| EXECUTIVE VP             | 2 0  |  |   |  |         |   |  |
|--------------------------|------|--|---|--|---------|---|--|
| JAMIE HASTINGS           | 36 0 |  |   |  | 640,000 |   |  |
| SVP, EXT & STATE AFFAIRS |      |  | × |  | 618,082 | U |  |
| NICHOLAS LUDLUM          | 40 0 |  | V |  | 105 305 |   |  |
| SVP & CHIEF COMM OFFICER | 0 0  |  | × |  | 195,305 | U |  |
| THOMAS POWER             | 38 0 |  |   |  |         |   |  |

2 0 40 0

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and Independent Contractors (A)

MARK SARGENT

VP, CERTIFICATION PROGRAMS

Name and Title

| hours per<br>week (list<br>any hours<br>for related<br>organization<br>below dotte<br>line) |
|---|
| 40  |

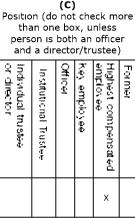
(B)

Average

o ol

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

Institutio



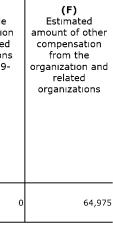
| compensation<br>from the<br>organization<br>(W- 2/1099-<br>MISC) |
|--|
| 309,334  |

(D)

Panartable

| Reportable compensation from related organizations |
|--|
| (W- 2/1099-<br>MISC)                               |
|  |
|  |
|  |

(E)



SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

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

Inspection

DLN: 93493316040718

|       | Section 527 organizations Comple  |   |                      |                |                    |          |                       |              |
|-------|---|---|----------------------|----------------|--------------------|----------|-----------------------|--------------|
|       |   | on Form 990, Part IV, Line 4, or Form 99 at have filed Form 5768 (election under se       |                      |                |                    |          |                       | R            |
|       |   | at have filed 1 drift 5700 (election under so<br>at have NOT filed Form 5768 (election un |                      |                |                    |          |                       |              |
| f the | e organization answered "Yes" o   | on Form 990, Part IV, Line 5 (Proxy Tax   |                      |                |                    |          |                       |              |
|       | <b>xy Tax) (see separate instructio</b><br>Section 501(c)(4), (5), or (6) organ |   |                      |                |                    |          |                       |              |
|       | me of the organization  | inzations Complete Fart III   |                      | E              | mployer id         | entii    | fication nun          | nber         |
| CTI   | A - THE WIRELESS ASSOCIATION  |   |                      |                |                    |          |                       |              |
| Dar   | t I-A Complete if the orga  | anization is exempt under section   | n 501(c) or is       |                | 2-1347628          | niza     | tion                  |              |
|       | <u> </u>  | <u> </u>  |                      |                |                    |          |                       |              |
| 1     | "political campaign activities")  | inization's direct and indirect political cam   | ipaign activities in | Part IV (See   | e instruction      | s ror    | definition of         |              |
| 2     | Political campaign activity expen   |   | <b>&gt;</b>          | \$             |                    | 110,000  |                       |              |
| 3     | Volunteer hours for political cam   |   |                      |                |                    |          |                       |              |
| Par   | t I-B Complete if the orga  | anization is exempt under section   | n 501(c)(3).         |                |                    |          |                       |              |
| 1     | Enter the amount of any excise  | tax incurred by the organization under se   | ction 4955           |                | •                  | \$ .     |                       |              |
| 2     | Enter the amount of any excise  | tax incurred by organization managers ur  | ider section 4955    |                | <b>&gt;</b>        | \$.      |                       |              |
| 3     | If the organization incurred a se   | ction 4955 tax, did it file Form 4720 for t   | his year?            |                |                    |          | ☐ Yes                 | □ No         |
| 4a    | Was a correction made?  |   |                      |                |                    |          | ☐ Yes                 | □ No         |
| ь     | If "Yes," describe in Part IV   |   |                      |                |                    |          |                       |              |
|       |   | anization is exempt under section   | n 501(c), exce       | ept section    | 1 501(c)(          | 3).      |                       |              |
| 1     | Enter the amount directly expen   | ded by the filing organization for section  | 527 exempt funct     | ion activities |                    | \$.      |                       |              |
| 2     |   | ganization's funds contributed to other or  | ganızatıons for se   | ection 527 ex  | empt               |          |                       |              |
|       | function activities   |   |                      |                | •                  | \$.      |                       | 110,000      |
| 3     | Total exempt function expenditu   | res Add lines 1 and 2 Enter here and on   | Form 1120-POL,       | lıne 17b       | <b>&gt;</b>        | \$ .     |                       | 110,000      |
| 4     | Did the filing organization file Fo   | orm 1120-POL for this year?   |                      |                |                    |          | ✓ Yes                 | □ No         |
| 5     |   | employer identification number (EIN) of   |                      |                |                    |          |                       |              |
|       |   | or each organization listed, enter the amo<br>d that were promptly and directly delivere  |                      |                |                    |          |                       |              |
|       |   | tee (PAC) If additional space is needed,  |                      |                | iizaciori, saci    | ii us    | a separate s          | cgregatea    |
|       | (a) Name  | (b) Address   | (c) EIN              | (d) Amou       | ınt paıd from      | , _      | (e) Amount            | of political |
|       | (a) Name  | (b) Address   | (C) LIN              |                | janization's       | '        | contribution          |              |
|       |   |   |                      |                | none, enter<br>-0- |          | and promp             |              |
|       |   |   |                      |                | -0-                |          | separate              |              |
|       |   |   |                      |                |                    |          | organization<br>enter |              |
|       | DEMOCRATIC ATTORNEYS  | 1580 LINCOLN ST   | 13-4220019           |                | 25,00              | 00       | Citter                |              |
|       | ERAL ASSOCIATION  | DENVER, CO 80203  |                      |                |                    |          |                       |              |
|       | REPUB LEGISLATIVE<br>PAIGN COMMITTEE  | 1201 F STREET NW<br>WASHINGTON, DC 20004  | 05-0532524           |                | 25,00              | 00       |                       |              |
|       | DEMOCRATIC  | 1401 K STREET NW  | 52-1870839           |                | 35,00              | 00       |                       |              |
|       | SLATIVE CAMPAIGN  | WASHINGTON, DC 20005  |                      |                |                    |          |                       |              |
|       | REPUBLICAN ATTORNEYS<br>ERAL ASSOCIATION  | 1747 PENNSYLVANIA AVE NW SUITE<br>800   | 46-4501717           |                | 25,00              | 00       |                       |              |
|       |   | WASHINGTON, DC 20006  |                      |                |                    |          |                       |              |
| 5     |   |   |                      |                |                    |          |                       |              |
|       |   |   |                      |                |                    | $\dashv$ |                       |              |
| 5     |   |   |                      |                |                    |          |                       |              |
| or P  | aperwork Reduction Act Notice, see  | the instructions for Form 990 or 990-EZ.  | Cat                  | No 50084S      | Schedule (         | C (Fo    | rm 990 or 99          | 0-EZ) 2017   |

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

1

c

1

2

b

C

3

5

Current year

Carryover from last year

expenditure next year?

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

WHICH EQUALS \$110,000

(b)

Amount

(a)

No

Yes

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 No 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

#### Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information**

answered "Yes."

Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation CTIA GIVES TO THE FOLLOWING ORGANIZATIONS DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION -SCHEDULE C, PART I-A, LINE 1 \$25,000, REPUBLICAN LEGISLATIVE CAMPAIGN COMMITTEE - \$25,000, DEMOCRATIC LEGISLATIVE

CAMPAIGN - \$35,000, REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - \$25,000 THE TOTAL AMOUNT OF

1

2a

2b

2c 3

4

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," on Form 990,

DLN: 93493316040718 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** CTIA - THE WIRELESS ASSOCIATION 52-1347628 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

| Par        | t III            | Organizations Maintaining  | Collections                             | of Art, Histo    | rical Tre                             | asures, o      | r Other     | Similar As    | ssets (cont   | inued)          |
|------------|------------------|--|---|------------------|---------------------------------------|----------------|-------------|---------------|---------------|-----------------|
| 3          |                  | the organization's acquisition, acc (check all that apply)                   | ession, and othei                       | records, chec    | k any of th                           | ne following t | that are a  | significant i | use of its co | llection        |
| а          |                  | Public exhibition  |   | d                | □ ı                                   | oan or exch    | ange prog   | ırams         |               |                 |
| b          |                  | Scholarly research   |   | е                |                                       | Other          |             |               |               |                 |
| С          |                  | Preservation for future generation   | s                                       |                  |                                       |                |             |               |               |                 |
| 4          | Provid<br>Part > | de a description of the organization   | 's collections and                      | l explain how t  | hey furthe                            | r the organiz  | zation's ex | kempt purpo   | se in         |                 |
| 5          |                  | g the year, did the organization so<br>s to be sold to raise funds rather th |   |                  |                                       |                |             | nlar          | ☐ Yes         | □ No            |
| Pa         | rt IV            | Escrow and Custodial Arra<br>Complete if the organization<br>X, line 21.     |   | " on Form 99     | 00, Part I                            | V, line 9, o   | r reporte   | ed an amou    | unt on Forr   | n 990, Part     |
| 1a         |                  | e organization an agent, trustee, cu<br>led on Form 990, Part X?             | stodian or other                        | intermediary f   | or contribu                           | utions or othe | er assets   | not           | ☐ Yes         | □ No            |
| ь          | If "Ye           | s," explain the arrangement in Par   | t XIII and comple                       | ete the followin | ng table                              |                |             | A             | mount         |                 |
| c          |                  | ning balance   | - · · · · · · · · · · · · · · · · · · · |                  | . 5                                   |                | 1c          |               |               |                 |
| d          | -                | ons during the year  |   |                  |                                       |                | 1d          |               |               |                 |
| е          |                  | butions during the year  |   |                  |                                       |                | 1e          |               |               |                 |
| f          |                  | g balance  |   |                  |                                       |                | 1f          |               |               |                 |
| 2a         |                  | ne organization include an amount  | on Form 990 Pa                          | rt X line 21 fo  | r escrow (                            | or custodial a | account lia | ability?      |               |                 |
| b          |                  | s," explain the arrangement in Par   | ·                                       |                  |                                       |                |             | ·             | ☐ Yes         | □ No            |
| Pa         | art V            | Endowment Funds. Comple  |   |                  |                                       |                |             |               |               |                 |
|            |                  |  | (a)Currer                               |                  | <b>)</b> Prior year                   |                |             | (d)Three year |               | Four years back |
| <b>1</b> a | Beginn           | ing of year balance  |   |                  |                                       |                |             |               |               |                 |
| b          | Contrib          | outions  |   |                  |                                       |                |             |               |               |                 |
| C          | Net inv          | estment earnings, gains, and losse   | es                                      |                  |                                       |                |             |               |               |                 |
| d          | Grants           | or scholarships  |   |                  |                                       |                |             |               |               |                 |
| e          |                  | expenditures for facilities<br>ograms  |   |                  |                                       |                |             |               |               |                 |
| f          | Admını           | strative expenses  |   |                  |                                       |                |             |               |               |                 |
| g          | End of           | year balance   |   |                  |                                       |                |             |               |               |                 |
| 2          | Provid           | de the estimated percentage of the   | current year end                        | balance (line    | 1g, colum                             | n (a)) held a  | ıs          |               |               |                 |
| а          | Board            | designated or quasi-endowment  | •                                       |                  |                                       |                |             |               |               |                 |
| Ь          | Perma            | anent endowment 🟲  |   |                  |                                       |                |             |               |               |                 |
| С          | Temp             | orarily restricted endowment >   |   |                  |                                       |                |             |               |               |                 |
| _          | The p            | ercentages on lines 2a, 2b, and 2c   | should equal 10                         | 0%               |                                       |                |             |               |               |                 |
| 3а         |                  | nere endowment funds not in the p<br>iization by                             | ossession of the                        | organization th  | nat are hel                           | d and admın    | istered fo  | r the         |               | Yes No          |
|            | (i) ur           | related organizations  |   |                  |                                       |                |             |               | 3a(i)         |                 |
| b          |                  | elated organizations s" on 3a(ii), are the related organi                    | zations listed as i                     | equired on Sc    | <br>hedule R?                         |                |             |               | 3a(ii)<br>3b  |                 |
| 4          | Descr            | ibe in Part XIII the intended uses o   | of the organization                     | n's endowmen     | t funds                               |                |             |               |               | · · ·           |
| Pa         | rt VI            | Land, Buildings, and Equip   |   |                  |                                       |                |             |               |               |                 |
|            |                  | Complete if the organization   |   |                  | •                                     | · .            |             |               | •             |                 |
|            | Descri           |  | or other basis<br>restment)             | (b) Cost or oth  | er basis (ot                          | ner) (c) Acc   | cumulated o | lepreciation  | (a) E         | Book value      |
| 1a         | Land             |  |   |                  |                                       |                |             |               |               |                 |
| b          | Buildin          | gs   |   |                  |                                       |                |             |               |               |                 |
| c          | Leaseh           | old improvements   |   |                  | 1,042                                 | ,815           |             | 140,948       |               | 901,867         |
| d          | Equipm           | nent   |   |                  | 6,571                                 | ,597           |             | 4,804,916     |               | 1,766,681       |
| е          | Other            |  |   |                  |                                       |                |             |               |               |                 |
| T-4        |                  | 1 - th 1 - (C-1 (d)  | ust squal Form C                        | 000 0+ 1/        | · · · · · · · · · · · · · · · · · · · | l 10(-) )      |             |               |               |                 |

| Schedule D (Form 990) 2017  |                           |                                      | Page <b>3</b>                        |
|---|---------------------------|--------------------------------------|--------------------------------------|
| Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.   | the organization answ     | vered "Yes" on Form 99               | 0, Part IV, line 11b.                |
| (a) Description of security or category (including name of security)  | (b) Book value            |                                      | d of valuation<br>-year market value |
| (1) Financial derivatives   |                           |                                      |                                      |
| (3) Other(A) RESOURCES & CONSERVATION CNTR  | 53,850,346                |                                      | F                                    |
| (B) CM LAND, LLC  | 13,526,741                |                                      | F                                    |
| (C)   | 13,320,741                |                                      |                                      |
| (D)   |                           |                                      |                                      |
| (E)   |                           |                                      |                                      |
| (F)   |                           |                                      |                                      |
| (G)   |                           |                                      |                                      |
| (H)   |                           |                                      |                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  | 67.377.097                |                                      |                                      |
| Part VIII Investments—Program Related.  | <b>▶</b> 67,377,087       |                                      |                                      |
| Complete if the organization answered 'Yes' on  (a) Description of investment   | (b) Book value            |                                      | Part X, line 13. d of valuation      |
|   | (B) Book value            |                                      | -year market value                   |
| (1)   |                           |                                      |                                      |
| (2)   |                           |                                      |                                      |
| (3)   |                           |                                      |                                      |
| (4)   |                           |                                      |                                      |
| (5)   |                           |                                      |                                      |
| (6)   |                           |                                      |                                      |
| (7)   |                           |                                      |                                      |
| (8)   |                           |                                      |                                      |
| (9)   |                           |                                      | _                                    |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )   | <b>b</b>                  |                                      |                                      |
| Part IX Other Assets. Complete if the organization answer (a) Description   |                           | rt IV, line 11d See Form 9           | 90, Part X, line 15 (b) Book value   |
| (1)   | 1011                      |                                      | (b) Book value                       |
| (2)   |                           |                                      |                                      |
| (3)   |                           |                                      |                                      |
| (4)   |                           |                                      |                                      |
| (5)   |                           |                                      |                                      |
| (6)   |                           |                                      |                                      |
| (7)   |                           |                                      |                                      |
|   |                           |                                      |                                      |
| (8)   |                           |                                      |                                      |
| (9)   |                           |                                      |                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization  |                           | rm 990. Part IV. line 11             | <br>.e or 11f.                       |
| See Form 990, Part X, line 25.  |                           | pok value                            |                                      |
| 1. (a) Description of liability (1) Federal income taxes  | (5) 5                     | 0                                    |                                      |
| DEPOSITS HELD   |                           | 521,264                              |                                      |
| (2)   |                           |                                      |                                      |
| (3)   |                           |                                      |                                      |
| (4)   |                           |                                      |                                      |
| (5)   |                           |                                      |                                      |
| (6)   |                           |                                      |                                      |
| (7)   |                           |                                      |                                      |
| (8)   |                           |                                      |                                      |
| (9)   |                           |                                      |                                      |
|   | . 1                       | F24 264                              |                                      |
| <ul><li>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )</li><li>2. Liability for uncertain tax positions In Part XIII, provide the text</li></ul> | of the footnote to the or | 521,264 ganızatıon's financial state | ments that reports the               |
| organization's liability for uncertain tax positions under FIN 48 (ASC  |                           |                                      |                                      |

Part XI

2

а

b

c d

5

1

2

b

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Part XII

Schedule D (Form 990) 2017

Page 4

496,405

67,705,413

2,987,038

64,718,375

169,586

64.887.961

Schedule D (Form 990) 2017

#### 2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -1.901.096 b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

72,725,768 4c -1,901,096 5 70,824,672

496,405

2,987,038

169.586

2e

3

4c

5

| Page <b>5</b> |  | Schedule D (Form 990) 2017 |  |  |  |  |  |
|---------------|--|----------------------------|--|--|--|--|--|
|               | Part XIII Supplemental Information (continued) |                            |  |  |  |  |  |
|               | Explanation                                    | Return Reference           |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |
|               |  |                            |  |  |  |  |  |

Schedule D (Form 990) 2017

### Additional Data

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

Name: CTIA - THE WIRELESS ASSOCIATION

ETURNS AND HAS CONCLUDED THAT NONE OF THE TAX POSITIONS FALL ABOVE THE MORE-LIKELY-THAN-NO. T RECOGNITION THRESHOLD AS A RESULT, NO TAX LIABILITIES ARE RECORDED FOR THE YEARS ENDED

Supplemental Information

Return Reference Explanation PART X, LINE 2 EFFECTIVE FOR THE YEAR ENDED DECEMBER 31, 2009, CTIA IS SUBJECT TO THE FINANCIAL ACCOUNTIN G RULES FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS PRONOUNCEMENT PRESCRIBES A RE

Software ID:

COGNITION THRESHOLD AND MEASUREMENT ATTRIBUTABLE FOR THE FINANCIAL STATEMENTS OF TAX POSIT

IONS TAKEN ON CTIA'S TAX RETURN CTIA HAS REVIEWED ALL OF ITS TAX POSITIONS TAKEN ON TAX R

DECEMBER 31, 2017 OR 2016 RELATED TO THIS MATTER

| pplemental Information |                                    |
|------------------------|------------------------------------|
| Return Reference       | Explanation                        |
| RT XI, LINE 2D         | INCOME FROM SUBSIDIARIES \$496,405 |

Sup

Supplemental Information Return Reference Explanation EQUITY IN SUBSIDIARY ADJUSTMENT \$641,214, LOSS ON DISPOSAL OF FIXED ASSETS \$-1,580, REAL PART XI, LINE 4B ESTATE EXPENSE \$-2,540,730

| pplemental Information |   |
|------------------------|---|
| Return Reference       | Explanation   |
| ART XII, LINE 2D       | EXPENSES FROM SUBSIDIARIES \$446,308, REAL ESTATE EXPENSE \$2,540,730 |

Sur

| oplemental Information |  |
|------------------------|--|
| Return Reference       | Explanation                                  |
| RT XII, LINE 4B        | GAAP STRAIGHT LINE RENT ADJUSTMENT \$169,586 |

Sup

| efile GRAPHIC print - D                             | O NOT PROCESS                                    | As Filed Data -                                   |                              |  |   |                           | DLI           | N: 934933160                | 40718       |
|---|--|---|------------------------------|--|---|---------------------------|---------------|-----------------------------|-------------|
| Schedule I (Form 990)  Department of the Treasury   | Cc<br>▶ Infor                                    | OMB No 1545-0047  2017  Open to Public Inspection |                              |  |   |                           |               |                             |             |
| Internal Revenue Service  Name of the organization  |  |   |                              |  |   | Emplo                     | yer identific | ation number                |             |
| CTIA - THE WIRELESS ASSOC                           | IATION   |   |                              |  |   | 52-13                     | 47628         |                             |             |
| Part I General Info                                 | rmation on Grants                                | and Assistance                                    |                              |  |   |                           |               |                             |             |
| the selection criteria use  Describe in Part IV the | ed to award the grants<br>organization's procedu | or assistance?<br>res for monitoring the u        | se of grant funds in the U   | nited States                             | for the grants or assistant                                 |                           | Part IV, line | ✓ Yes                       | □ <b>No</b> |
|   | re than \$5,000 Part I                           |   | (d) Amount of cash<br>grant  | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Descrij<br>noncash as | ption of      | (h) Purpose o or assistance |             |
| (1) See Additional Data                             |  |   |                              |  |   |                           |               |                             |             |
| (2)   |  |   |                              |  |   |                           |               |                             |             |
| (3)   |  |   |                              |  |   |                           |               |                             |             |
| (4)   |  |   |                              |  |   |                           |               |                             |             |
| (5)   |  |   |                              |  |   |                           |               |                             |             |
| (6)   |  |   |                              |  |   |                           |               |                             |             |
| (7)   |  |   |                              |  |   |                           |               |                             |             |
| (8)   |  |   |                              |  |   |                           |               |                             |             |
| (9)   |  |   |                              |  |   |                           |               |                             |             |
| (10)  |  |   |                              |  |   |                           |               |                             |             |
| (11)  |  |   |                              |  |   |                           |               |                             |             |
| (12)  |  |   |                              |  |   |                           |               |                             |             |
|   |  | _   | s listed in the line 1 table |  |   |                           | ►<br>. ►      |                             | 29<br>6     |
| For Paperwork Reduction Act N                       | otice, see the Instruction                       | ons for Form 990.                                 |                              | Cat No 50055                             | 5P  |                           | Sch           | edule I (Form 990           | ) 2017      |

THE SELECTION CRITERIA USED TO AWARD GRANTS OR CONTRIBUTIONS IS BASED ON CTIA PROGRAM GOALS

CTIA ONLY PROVIDES GRANT AND CONTRIBUTION ASSISTANCE TO ORGANIZATIONS WITHIN THE UNITED STATES ANNUALLY CTIA WILL EVALUATE AN

ORGANIZATION'S MISSION TO DETERMINE IF IT HAS THE SAME GOALS AND INITIATIVES AS CTIA ORGANIZATIONS DEEMED TO BE SIMILAR IN MISSION WILL BE CONSIDERED FOR FUTURE FUNDING. ALL GRANT ASSISTANCE NEEDS TO BE SUBSTANTIATED IN ACCORDANCE WITH THE ACCOUNTING POLICY AND PROCEDURES. MANUAL THIS POLICY REQUIRES 2 OR 3 LEVELS OF APPROVAL DEPENDING ON THE AMOUNT INVOLVED. THE CRITERIA USED TO DETERMINE GRANTEES' ELIGIBILITY FOR GRANTS OR ASSISTANCE AWARDS REQUIRES RECIPIENT ORGANIZATIONS TO HAVE THE FOLLOWING -SUPPORT GROUPS WHO HAVE LIKE MINDED VIEWS ON ISSUES THAT IMPACT THEIR GENERAL MEMBERSHIP -MUST BE IN GOOD BUSINESS STANDING -SUPPORT GENERAL CHARITABLE AND/OR EDUCATIONAL PURPOSES

Schedule I (Form 990) 2017

## (6) (7) Return Reference

SCHEDULE I, PART I, LINE 2

### **Additional Data**

ASSOCIATION 1100 17TH STREET NW WASHINGTON, DC 20036 AMERICAN LEGISLATIVE

**EXCHANGE COUNCIL** 2900 CRYSTAL DRIVE ARLINGTON, VA 22202

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

52-0140979

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

| organization  | ıf applıcable | grant | cash       | (book, FMV, appraisal, |  |
|---------------|---------------|-------|------------|------------------------|--|
| or government |               |       | assistance | other)                 |  |
|               |               |       |            |                        |  |
|               |               | l     |            |                        |  |

501(c)(3)

(h) Purpose of grant or assistance

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash

17,000

AFRICAN AMERICAN MAYORS 46-5593933 501(C)(3) 10,000

(q) Description of

(e) Amount of non- (f) Method of valuation non-cash assistance

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-2118591 501(c)(3) 10.000 SPONSORSHIP CONGRESSIONAL SPORTS FOR I CHARITY 104 HUMA AVENUE

SPONSORSHIP

ALEXANDRIA, VA 22301

10.000

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

EJ KRAUSE & ASSOCIATES

6430 ROCKLEDGE DRIVE BETHESDA, MD 20817

52-1540973

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 90-0516093 501(c)(3) 20.000 IGENERAL SUPPORT EMERGING ISSUES POLICY

FORUM PO BOX 1825 WINDERMERE, FL 34786 52-2210323 501(c)(3) 18.000 IGENERAL SUPPORT

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

FAMILY ONLINE SAFETY INSTITUTE 400 7TH STREET NW

WASHINGTON, DC 20004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 51-0334407 501(C)(3) 17.750 FCBA FOUNDATION IGENERAL SUPPORT 1020 19TH STREET NW WASHINGTON, DC 20036 FOUNDATION FOR 82-2454479 50,000 GENERAL SUPPORT

CALIFORNIA'S TECHNOLOGY 777 S FIGUEROA ST

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

LOS ANGELES, CA 90017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1177011 501(c)(3) 15.000 SPONSORSHIP HEARING LOSS ASSOC OF

| INTERNET ASSOCIATION                               | 45-5582976 | 501(C)(6) | 10,000 |  | SPONSORSHIP |
|--|------------|-----------|--------|--|-------------|
| AMERICA<br>7910 WOODMONT AVE<br>BETHESDA, MD 20814 |            |           | ·      |  |             |

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

1333 H ST NW

WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ONSORSHIP

| MIRIAMS'S KITCHEN<br>2401 VIRGINIA AVE NW<br>WASHINGTON, DC 20037 | 52-1331552 | 501(c)(3) | 14,400 |  | SPONSORSHIP |
|---|------------|-----------|--------|--|-------------|
| MMTC  | 52-1880677 | 501(C)(3) | 20.000 |  | SPONSORSHIP |

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

300 JERICHO QUADRANGLE JERICHO, NY 11753

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-2404168 501(c)(4) 1,241,421 MYWIRELESSORG IGENERAL SUPPORT 1400 16TH STREET NW

WASHINGTON, DC 20036

NATIONAL BLACK CAUSUS OF 52-1218832 501(c)(3) 10,000

GENERAL SUPPORT STATE LEGISLATORS 444 N CAPITAL ST NW

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

WASHINGTON, DC 20001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 39-1395449 501(c)(3) 7.167 IGENERAL SUPPORT NATIONAL EMERGENCY

SPONSORSHIP

NUMBER ASSOCIATION
PO BOX 37151
BALTIMORE, MD 21297

NATIONAL FOUNDATION FOR 52-1480785 501(c)(3) 7,000

WOMEN LEGISLATURE

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

1727 KING ST

ALEXANDRIA, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 84-1168319 501(c)(3) 30.000 SPONSORSHIP NAT'L HISPANIC CAUCUS OF STATE LEGISLATORS 444 NORTH CAPITAL ST WASHINGTON, DC 20001

IGENERAL SUPPORT

290.000

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

501(c)(3)

NATIONAL CONFERENCE OF

STATE LEGISLATURE 444 N CAPITOL ST NW WASHINGTON, DC 20001 84-0772595

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NATOA 52-1938715 501(c)(4) 7.500 SPONSORSHIP 3213 DUKE ST ALEXANDRIA, VA 22314 NCSL FOUNDATION FOR 74-2232576 501(C)(3) 12,500 SPONSORSHIP

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

# STATE LEGISLATURES

7700 EAST FIRST PLACE DENVER, CO 80230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IERAL SUPPORT

SPONSORSHIP

| NG9-1-1<br>300 NEW JERSEY AVE NW<br>WASHINGTON, DC 20002 | 20-0293876 | 501(c)(3) | 10,000 |  | GENER |
|--|------------|-----------|--------|--|-------|

15,000

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

501(c)(3)

PEACETECH INC

2301 CONST AVE WASHINGTON, DC 20037 47-2267437

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-2079266 501(c)(3) 100.000 PHOENIX CENTER IGENERAL SUPPORT 5335 WISC AVE SPONSORSHIP

WASHINGTON, DC 20015 PREVENT CANCER 52-1429544 501(C)(3) 10,000 FOUNDATION 1600 DUKE STREET

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

ALEXANDRIA, VA 22301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1067087 501(c)(3) 6.500 IGENERAL SUPPORT STATE GOVERNMENT AFFAIRS COUNCIL FOUNDATION

108 NORTH COLUMBUS ST ALEXANDRIA, VA 22314 STATE LEGISLATIVE LEADERS 23-7148478 501(c)(3) 35.000

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

CENTERVILLE, MA 02632

IGENERAL SUPPORT FOUNDATION 1645 FALMOUTH RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1266620 501(C)(3) 10.000 IGENERAL SUPPORT THE BRYCE HARLOW FOUNDATION PO BOX 75652 BALTIMORE, MD 21275 THE COUNCIL OF STATE 36-6000818 501(c)(3) 18.500 IGENERAL SUPPORT GOVERNMENTS

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

2760 RSRCH PARK DR LEXINGTON, KY 40511

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1109547 501(c)(3) 10.000 THE DISTRICT OF COLUMBIA IGENERAL SUPPORT BAR FOUNDATION

80 M ST SE 2ND FLOOR WASHINGTON, DC 20003

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

WASHINGTON, DC 20005

THE ECONOMIC CLUB 52-1469926 501(c)(3) 17.500 IGENERAL SUPPORT 1156 15TH ST NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(3) 7.500 SPONSORSHIP THE MEDIA INSTITUTE 52-1061431 2300 CLARENDON BLVD

ARLINGTON, VA 22201 TRUST FOR THE NATIONAL 30-0080738 501(c)(3) 9,300 SPONSORSHIP MALL

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

1300 PENNSYLVANIA AVE WASHINGTON, DC 20004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 51-0172429 501(c)(3) 15.000 SPONSORSHIP UJA - FEDERATION OF NEW YORK 130 FAST 59TH STREET

NEW YORK, NY 10022 US CHAMBER OF COMMERCE 53-0045720 501(c)(6) 8.750 IGENERAL SUPPORT

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

1615 H STREET NW WASHINGTON, DC 20062

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(3) 12.500 WIRELESS HISTORY 26-2811483 SPONSORSHIP FOUNDATION PO BOX 90545

AUSTIN. TX 787090545

| efil  | e GRAPHIC pi                                | rint - DO NOT PROCESS   | As Filed Data        | a -  | DLN: 934                | 9331       | 6040   | 718  |  |  |
|-------|---|---|----------------------|--|-------------------------|------------|--------|------|--|--|
| Sch   | nedule J                                    | C   | ompensati            | on Information   | OM                      | IB No      | 1545-0 | 0047 |  |  |
| (For  | m 990)                                      | 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. |                      |  |                         |            |        | 2017 |  |  |
| •     | tment of the Treasury<br>al Revenue Service | ▶ Information a   |                      | (Form 990) and its instructions gov/form990.   | is at •                 |            | to Pul |      |  |  |
| Nar   | ne of the organiz                           |   | -                    |  | Employer identificat    |            |        |      |  |  |
| CIIA  | A - THE WIRELESS A                          | ASSOCIATION   |                      |  | 52-1347628              |            |        |      |  |  |
| Pa    | rt I Questi                                 | ons Regarding Compensa  | ition                |  |                         |            |        |      |  |  |
| 1a    |   |   |                      | the following to or for a person liste<br>y relevant information regarding the                                 |                         |            | Yes    | No   |  |  |
|       | ✓ First-class                               | s or charter travel   |                      | Housing allowance or residence for   | personal use            |            |        |      |  |  |
|       | ☐ Travel for                                | companions  |                      | Payments for business use of perso   | •                       |            |        |      |  |  |
|       | ✓ Tax ıdemı                                 | nification and gross-up payment   |                      | Health or social club dues or initiati   | on fees                 |            |        |      |  |  |
|       | Discretion                                  | nary spending account   | $\checkmark$         | Personal services (e g , maid, chau  | ffeur, chef)            |            |        |      |  |  |
| b     |   | xes in line 1a are checked, did t<br>all of the expenses described ab   |                      | ollow a written policy regarding payn<br>plete Part III to explain   | nent or reimbursement   | <b>1</b> b | Yes    |      |  |  |
| 2     |   |   |                      | or allowing expenses incurred by all   |                         | 2          | Yes    |      |  |  |
|       | directors, truste                           | ees, officers, including the CEO/   | Executive Director   | r, regarding the items checked in line   | e 1a?                   |            |        |      |  |  |
| 3     | organization's C                            | CEO/Executive Director Check a  | II that apply Don    | d to establish the compensation of t<br>not check any boxes for methods<br>CEO/Executive Director, but explain |                         |            |        |      |  |  |
|       | <b>☑</b> Compens                            | ation committee   | <b>✓</b>             | Written employment contract  |                         |            |        |      |  |  |
|       | ✓ Independ                                  | ent compensation consultant   | ✓                    | Compensation survey or study   |                         |            |        |      |  |  |
|       | <b>✓</b> Form 990                           | of other organizations  | $\checkmark$         | Approval by the board or compensa  | ition committee         |            |        |      |  |  |
| 4     | During the year related organiza            |   | 990, Part VII, Sec   | ction A, line 1a, with respect to the f  | iling organization or a |            |        |      |  |  |
| а     | Receive a sever                             | ance payment or change-of-cor   | ntrol payment?       |  |                         | 4a         |        | No   |  |  |
| b     | Participate in, o                           | r receive payment from, a supp  | lemental nonquali    | fied retirement plan?  |                         | 4b         | Yes    |      |  |  |
| c     |   | r receive payment from, an equ  |                      | •  |                         | 4c         |        | No   |  |  |
|       | If "Yes" to any o                           | of lines 4a-c, list the persons an  | d provide the app    | licable amounts for each item in Par   | t III                   |            |        |      |  |  |
|       | Only 501(c)(3                               | s), 501(c)(4), and 501(c)(29  | ) organizations      | must complete lines 5-9.   |                         |            |        |      |  |  |
| 5     | For persons liste                           |   | on A, line 1a, did t | the organization pay or accrue any   |                         |            |        |      |  |  |
| а     | The organization                            | n?  |                      |  |                         | 5a         |        |      |  |  |
| b     | Any related orga                            |   |                      |  |                         | 5b         |        |      |  |  |
|       | If "Yes," on line                           | 5a or 5b, describe in Part III  |                      |  |                         |            |        |      |  |  |
| 6     |   | ed on Form 990, Part VII, Section<br>Contingent on the net earnings o   |                      | he organization pay or accrue any  |                         |            |        |      |  |  |
| а     | The organization                            |   |                      |  |                         | 6a         |        |      |  |  |
| b     | Any related orga                            |   |                      |  |                         | 6b         |        |      |  |  |
| _     | •   | 6a or 6b, describe in Part III  |                      |  |                         |            |        |      |  |  |
| 7     | payments not d                              | escribed in lines 5 and 67 If "Ye   | s," describe in Pa   |  | d                       | 7          |        |      |  |  |
| 8     |   |   |                      | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d                                       | escribe                 | 8          |        |      |  |  |
| 9     | If "Yes" on line 53 4958-6(c)?              | 8, did the organization also follo  | ow the rebuttable    | presumption procedure described in   | Regulations section     | 9          |        |      |  |  |
| For F | Panerwork Redu                              | uction Act Notice, see the Ins  | structions for Fo    | rm 990. Cat No. 5  | 50053T Schedule J       | (Forn      | 990)   | 2017 |  |  |

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 (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

|                           |  | compensation                              |   | deferred     | Bellettes | (B)(ı)-(D) | Compensation in                                   |
|---------------------------|--|---|---|--------------|-----------|------------|---|
|                           | (i) Base<br>compensation                         | (ii)<br>Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation |           | (B)(I)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table |  |   |   |              |           |            |   |
|                           | 1  |   |   |              | 1 '       | 1          | 1   |
|                           | '  |   |   | !            | 1 '       | 1          | 1   |
|                           | 1  |   |   |              | · '       |            |   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | †  |   |   |              | 1         | ( )        |   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | †  |   |   |              | 1         |            | T   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | <del>                                     </del> |   |   |              |           |            |   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | †  |   |   |              | 1         |            |   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | †  |   |   |              | 1         |            | 1   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | †  |   |   |              | 1         |            |   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | <u>'</u>   |   |   |              | '         |            |   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | 1  |   |   |              | '         |            | 1   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | 1  |   |   |              | 1         | 1          | ĺ   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | <u> </u>   |   |   |              | ·         | <u> </u>   | 1   |
|                           | '  |   |   |              | 1 '       | 1          | 1   |
|                           | '  |   |   |              | 1         | · ·        | 1   |

|  |  | 1 | Schedule J (Fo | orm 990) 2017 |
|--|--|---|----------------|---------------|

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation SCHEDULE J. PART I. LINE 1A THE ASSOCIATION PAID FOR FIRST-CLASS TRAVEL FOR THE PRESIDENT/CEO AND SENIOR EXECUTIVES THE FIRST-CLASS TRAVEL WAS FOR BUSINESS PURPOSES, AND ACCORDINGLY, THE COST OF THE FIRST-CLASS TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION ALL CTIA EMPLOYEES RECEIVE ISTANDARD LIFE INSURANCE COVERAGE ADDITIONALLY, ALL EMPLOYEES WITH THE TITLE VICE PRESIDENT AND ABOVE RECEIVE ADDITIONAL LIFE INSURANCE COVERAGE IN EXCESS OF THE STANDARD AMOUNT. THIS ADDITIONAL LIFE INSURANCE IS CONSIDERED TAXABLE INCOME TO THE EMPLOYEE. IN ORDER TO OFFSET THE TAX IMPACT ON THIS ADDITIONAL BENEFIT, CTIA USES THE "GROSS UP" METHOD TO COVER THE TAXES FOR THE EMPLOYEES ANNUALLY, THE ASSOCIATION PROVIDES THE PRESIDENT/CEO AN EXECUTIVE PERQUISITE THESE PERQUISITES INCLUDE AN ALLOWANCE WHICH CAN BE USED FOR PROFESSIONAL MEMBERSHIP, INVESTMENT, TAX AND ACCOUNTING SERVICES THE ASSOCIATION INCLUDES THESE PERQUISITES IN THE EMPLOYEE'S TAXABLE

WAGES (W-2) THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NON-OUALIFIED RETIREMENT PLAN FROM CTIA THE CONTRIBUTIONS ACCRUED TO THE

SCHEDULE J. PART I. LINE 4B SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J. PART II. COLUMN (C) AS PART OF DEFERRED COMPENSATION MEREDITH A BAKER - \$500,000

Schedule J (Form 990) 2017

(III)

(i)

(ı)

(1)

(i)

(i)

(ı)

(1)

(1)

(III)

**6**NICHOLAS LUDLUM

SVP & CHIEF COMM OFFICER

7THOMAS POWER

SVP & GEN COUNSEL

8TOM SAWANOBORI

9PAUL ANUSZKIEWICZ

10JOHN MARINHO

VP, RESEARCH

AFFAIRS

VP, TECHNOLOGY & CYBERSECURITY 11ROBERT ROCHE

12JAMES SCHULER

13MARK SARGENT

VP. CERTIFICATION **PROGRAMS** 

VP, EXTERNAL & STATE

VP, SPECTRUM PLANNING

SVP & CTO

(i) Base Compensation

195,305

474,375

430,688

281,658

330,519

291,934

262,979

246,840

Software ID:

(ii)

Bonus & incentive

compensation

**Software Version:** 

**EIN:** 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

(iii)

Other reportable

compensation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (C) Retirement and (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable

165,241

122,155

71,069

85,152

73,364

63,213

62,494

| 1MEREDITH A BAKER<br>PRESIDENT & CEO                | (1)  | 1,285,248   | 990,000 | 0 | 534,690 | 53,168 | 2,863,106 | 0 |
|---|------|-------------|---------|---|---------|--------|-----------|---|
|   | (11) | 0           | 0       | 0 | 0       | 0      | 0         | 0 |
| 1ROCCO CARLITTI<br>SVP & CFO                        | (1)  | 452,342     | 185,814 | 0 | 34,690  | 30,517 | 703,363   | 0 |
|   | (11) | 0           | 0       | 0 | 0       | 0      | 0         | 0 |
| <b>2</b> SCOTT BERGMANN<br>VP, REG AFFAIRS          | (1)  | 426,658<br> | 122,209 | 0 | 34,690  | 35,515 | 619,072   | 0 |
|   | (11) | 0           | 0       | 0 | 0       | 0      | 0         | 0 |
| <b>3</b> KELLY COLE<br>SVP, GOVT AFFAIRS            | (1)  | 479,610     | 59,146  | 0 | 34,690  | 27,360 | 600,806   | 0 |
|   | (11) | 0           | 0       | 0 | 0       | 0      | 0         | 0 |
| 4BRADLEY GILLEN<br>EXECUTIVE VP                     | (1)  | 654,893     | 395,777 | 0 | 34,690  | 38,092 | 1,123,452 | 0 |
|   | (11) | 0           | 0       | 0 | 0       | 0      | 0         | 0 |
| <b>5</b> JAMIE HASTINGS<br>SVP, EXT & STATE AFFAIRS | (1)  | 485,857     | 132,225 | 0 | 33,672  | 29,912 | 681,666   | 0 |

other deferred

compensation

10,014

34,690

34,690

33,206

34,690

34,143

33,631

34,690

benefits

19,661

28,207

40,130

31,832

25,169

31,457

31,989

30,285

(E) Total of columns

(B)(i)-(D)

224,980

702,513

627,663

417,765

475,530

430,898

391,812

374,309

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

0

0

0

0

0

0

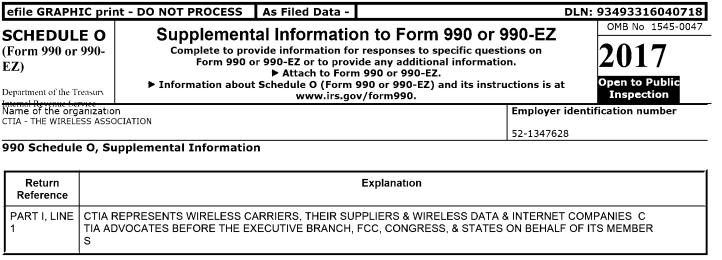
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| 011 000                                  |      |         |         |   |        |        | 1 |
|--|------|---------|---------|---|--------|--------|---|
|  | (11) | 0       | 0       | 0 | 0      | 0      |   |
| 2SCOTT BERGMANN<br>VP, REG AFFAIRS       | (1)  | 426,658 | 122,209 | 0 | 34,690 | 35,515 | ( |
|  | (11) | 0       | 0       | 0 | 0      | 0      |   |
| <b>3</b> KELLY COLE<br>SVP, GOVT AFFAIRS | (1)  | 479,610 | 59,146  |   | 34,690 | 27,360 |   |
|  |      |         |         |   |        |        |   |



Return Explanation

PART III,
LINE 4D

THE ASSOCIATION ADMINISTERS SEVERAL PRODUCT TESTING AND CERTIFICATION PROGRAMS INCLUDING P
ROGRAMS RELATING TO WIRELESS PRODUCTS AND DEVICES THESE PROGRAMS TEST CONSUMER WIRELESS P
RODUCTS FOR CONFORMANCE TO ESTABLISHED INDUSTRY STANDARDS THEY PROVIDE THE WIRELESS INDUS
TRY WITH AN UNBIASED. INDEPENDENT AND CENTRALIZED PRODUCT EVALUATION SERVICE

Return Explanation

| 11010101100 |  |
|-------------|--|
| PART VI,    | THE ORGANIZATION HAS TWO CLASSES OF VOTING MEMBERS WIRELESS CARRIER MEMBERS AND WIRELESS |
| LINE 6      | INDUSTRY MEMBERS EACH CLASS OF VOTING MEMBERS HAS TWO OR MORE MEMBERSHIP CATEGORIES CTIA |
|             | MAY ALSO HAVE NON-VOTING MEMBERS WHOSE RIGHTS ARE DETERMINED BY CTIA'S PRESIDENT         |

Return Explanation
Reference

| PART VI, | EACH WIRELESS CARRIER MEMBER AND WIRELESS INDUSTRY MEMBER, AND ITS MEMBER REPRESENTATIVE,  |
|----------|--|
| LINE 7A  | SHALL HAVE THE RIGHT TO BE NOMINATED AND ELECTED BY THE MEMBERSHIP AND SERVE AS A MEMBER O |
|          | F THE BOARD EACH LARGE CARRIER, MID-SIZED CARRIER, AND WIRELESS INDUSTRY LEADER SHALL BE   |
|          | ENTITLED TO APPOINT ONE DIRECTOR TO THE BOARD, REGIONAL CARRIER MEMBERS CAN ELECT NO MORE  |
|          | THAN NINE DIRECTORS TO THE BOARD, AND WIRELESS INDUSTRY PARTNERS CAN ELECT NO MORE THAN EI |
|          | GHT DIRECTORS TO THE BOARD   |

Return Explanation
Reference

| PART VI, | THE CTIA 2017 FORM 990 WAS PREPARED BY PRICEWATERHOUSECOOPERS AND REVIEWED BY MANAGEMENT A |
|----------|--|
| LINE 11B | ND CTIA'S AUDIT COMMITTEE A COPY OF THE RETURN WAS PROVIDED TO CTIA'S BOARD OF DIRECTORS   |
|          | AND OFFICERS ALL MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO REVIEW THE D  |
|          | OCUMENT ALL APPROPRIATE CHANGES WERE INCORPORATED IN THE FINAL DRAFT BEFORE SUBMISSION TO  |
|          | THE IRS  |

| Return<br>Reference  | Explanation   |
|----------------------|---|
| PART VI,<br>LINE 12C | AT THE START OF EACH FISCAL YEAR, CTIA SEEKS TO ENSURE COMPLIANCE WITH THE CONFLICT OF INT EREST POLICY BY HAVING EMPLOYEES WITH DECISION-MAKING AUTHORITY OVER CTIA ACTIVITIES DISCL OSE ANY SITUATION OR AREAS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A DI SCLOSURE STATEMENT DETAILING ANY PROFESSIONAL, BUSINESS, OR VOLUNTEER POSITION OR RESPONSI BILITIES THAT MIGHT GIVE RISE TO CONFLICTS IN ADDITION, ANNUALLY CTIA REQUESTS THAT EACH BOARD MEMBER DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO SERVING ON THE BOARD OF DIRECTORS WHEN CONFLICTS OR POTENTIAL CONFLICTS ARISE, THEY ARE EVALUATED BY THE GENERAL COUNSEL'S OFFICE WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY CONFLICTS ARE RESOLVED THROUGH COORDINATION WITH THE ASSOCIATION'S CEO, AND IF APPROPRIATE, CTIA 'S BOARD CHAIRMAN |

990 Schedule O, Supplemental Information

Return
Reference

Explanation

| PART VI,    | CTIA'S COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF CTIA'S CEO THE COM  |
|-------------|--|
| LINES 15A & | MITTEE MEETS ANNUALLY AND CONSISTS OF UP TO SIX INDEPENDENT BOARD MEMBERS CTIA ENGAGES AN  |
| 15B         | INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA FOR SIMILAR POSITIONS, ORGANIZ  |
|             | ATIONS AND INDUSTRY THE DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY SUB  |
|             | STANTIATED BY THE APPROVAL OF MINUTES WITH THE TERMS OF THE CEO'S COMPENSATION BEING DETAI |
| ľ           | LED IN AN EMPLOYMENT CONTRACT FOR EMPLOYEES OTHER THAN THE CEO, CTIA PERFORMS AN ANNUAL M  |
|             | ARKET ANALYSIS TO DETERMINE IF COMPENSATION IS COMPARABLE TO SIMILAR ORGANIZATIONS AND IND |
|             | USTRIES  |

Return Explanation

| INCICIONO |  |
|-----------|--|
| PART VI,  | CTIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS A |
| LINE 19   | VAILABLE TO ITS MEMBERS, HOWEVER IT DOES NOT PROVIDE THIS INFORMATION TO THE GENERAL PUBLI |
|           | lc   |

Return Explanation

| PART IX, | NEAD DB DEVELOPMENT \$5,997,222 TEST BED IMPLEMENTATION \$806,642 SAS SPECTRUM DB DEV \$248,2 |
|----------|---|
| LINE 11G | 02 CYBERSECURITY RESEARCH \$997,535 TECH AND INFRASTRUCTURE \$267,978 CERTIFICATION PROGRAM   |
|          | \$523,368 INDUSTRY RELATED CONSULTANTS \$2,294,222 \$11,135,169                               |

Return Explanation

LINE 9

| Reference | Explanation  |
|-----------|--|
| PART XI.  | GAAP STRAIGHT LINE RENT ADJUSTMENT \$169.586. DEFERRED TAXES \$519.251 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

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

(Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493316040718

Open to Public Inspection

Schedule R (Form 990) 2017

| Name of the organization<br>CTIA - THE WIRELESS ASSOCIATION   |                                |   |  | Employer ident                                   | ification number                                     |                    |    |
|---|--------------------------------|---|--|--|--|--------------------|----|
| CTIA - THE WIRELESS ASSOCIATION   |                                |   |  | 52-1347628                                       |  |                    |    |
| Part I Identification of Disregarded Entities Complete  | f the organization answe       | ered "Yes" on Form                            | 990, Part IV, line 3                       | 33.  |  |                    |    |
| (a) Name, address, and EIN (If applicable) of disregarded entity  | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income                        | <b>(e)</b><br>End-of-year assets                 | (f)<br>Direct controlling<br>entity                  | 3                  |    |
| (1) CTIA INDEMNITY COMPANY LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 26-1442352  | CAPTIVE INSUR                  | DC  | 782,357                                    | 11,991,744                                       | СТІА   |                    | _  |
| (2) CTIA SPECTRUM CLEARINGHOUSE LLC 1400 16TH STREET NW STE 600 WASHINGTON, DC 20036 56-2615684   | INFO CLRGHSE                   | DC  | 111,373                                    | 388,882  | СТІА   |                    |    |
| (3) NEAD LLC<br>1400 16TH STREET NW STE 600<br>WASHINGTON, DC 20036<br>47-4166803   | TECH SERVICE                   | DC  | 7,188,539                                  | 1,953,570  | СТІА   |                    |    |
| (4) 911 LOCATION TECHNOLOGIES TEST BED LLC<br>1400 16TH STREET NW STE 600<br>WASHINGTON, DC 20036<br>47-4181373   | TECH SERVICE                   | DC  | 1,467,195                                  | 2,279,167  | СТІА   |                    |    |
| (5) RESOURCES & CONSERVATION CENTER LLC<br>1400 16TH STREET NW STE 600<br>WASHINGTON, DC 20036<br>52-1460393  | REAL ESTATE                    | DC  | 9,566,407                                  | 62,737,015                                       | СТІА   |                    |    |
| Part II  Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization |                                | (c) Legal domicile (state or foreign country) | Yes" on Form 990  (d)  Exempt Code section | (e) Public charity status (if section 501(c)(3)) | ecause it had one or  (f)  Direct controlling entity | Section<br>(13) co |    |
|   |                                |   |  |  |  | Yes                | No |
| (1)THE WIRELESS FOUNDATION<br>1400 16TH STREET NW   | CHARITBL SUPT                  | DC  | 501(C)(3)                                  | 12, TYPE II                                      | CTIA   | Yes                |    |
| WASHINGTON, DC 20036<br>52-1708229  |                                |   |  |  |  |                    |    |
| (2)MYWIRELESSORG<br>1400 16TH STREET NW   | GRASRTS ADVOC                  | DC  | 501(C)(4)                                  |  | CTIA   | Yes                |    |
| WASHINGTON, DC 20036<br>20-2404168  |                                |   |  |  |  |                    |    |
| (3)CTIA - THE WIRELESS ASSOCIATION PAC<br>1400 16TH STREET NW   | PAC                            | DC  | 527  |  | CTIA   | Yes                |    |
| WASHINGTON, DC 20036  |                                |   |  |  |  |                    |    |
| (4)CTIA - THE WIRELESS ASSOC CA PAC<br>455 CAPITOL MALL STE 600   | PAC                            | DC  | 527  |  | CTIA   | Yes                |    |
| SACRAMENTO, CA 95814  |                                |   |  |  |  |                    |    |
|   |                                |   |  |  |  |                    |    |
|   |                                |   |  |  |  |                    |    |
|   |                                |   |  |  |  |                    |    |

Cat No 50135Y

| (a)<br>Name, address, and EIN of<br>related organization                   |                      | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of<br>total income                       | (g)<br>Share of end-<br>of-year<br>assets | Disprop<br>alloca | h)<br>ortionate<br>otions?         | Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | Gene<br>mana<br>part     | ral or<br>aging<br>ner? | (k<br>Percei<br>owne       | ntage                 |
|--|----------------------|-----------------------------------|---|--|---|---|---|-------------------|------------------------------------|---|--------------------------|-------------------------|----------------------------|-----------------------|
| LAND LLC   |                      | REAL ESTATE                       | DC  | NA                                     | EXCLUDED  | 569,012   | 10,101,702                                | Yes               | No<br>No                           | 0   | Yes                      | No<br>No                | 50 (                       | 000 9                 |
| 5TH ST NW<br>NGTON, DC 20036<br>6041                                       |                      | RENT                              |   |  |   | ,   | , ,                                       |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
| IV Identification of Related Organia<br>because it had one or more related |                      |                                   |   |  |   |   | nswered "Ye                               | s" on             | Form '                             | 990, Part I\  | /, lın                   | e 34                    |                            |                       |
| (a)<br>Name, address, and EIN of<br>related organization                   | (b) Primary activity |                                   | (c) Legal domicile ate or fore                | eign                                   | (d)<br>Direct controlling   | (e)<br>Type of entity<br>(C corp, S corp<br>or trust) | (f)<br>Share of tota<br>, income          | l Sha             | (g)<br>re of end<br>year<br>assets | d-of- Perc  | (h)<br>centag<br>nership | e<br>)                  | Section<br>(13) cor<br>ent | 512<br>ntroll<br>ity? |
|  |                      | <u> </u>                          | country)                                      |  |   |   | <u> </u><br>                              | 1                 |                                    | <b>I</b>  |                          |                         | Yes                        | No                    |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          |                         |                            |                       |
|  |                      |                                   |   |  |   |   |   |                   |                                    |   |                          | l                       |                            |                       |

See Additional Data Table

| Schedule R (Form 990) 2017   |            | Pa  | ge <b>3</b> |
|--|------------|-----|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                  |            |     |             |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |            | Yes | No          |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |     |             |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity   | 1a         | Yes |             |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | 1b         | Yes |             |
| c Gift, grant, or capital contribution from related organization(s)  | 1c         |     | No          |
| d Loans or loan guarantees to or for related organization(s)   | 1d         | Yes |             |
| e Loans or loan guarantees by related organization(s)  | 1e         |     | No          |
| f Dividends from related organization(s)   | 1f         |     | No          |
| g Sale of assets to related organization(s)  | 1g         |     | No          |
| h Purchase of assets from related organization(s)  | 1h         |     | No          |
| i Exchange of assets with related organization(s)  | <b>1</b> i |     | No          |
| j Lease of facilities, equipment, or other assets to related organization(s)   | 1j         |     | No          |

| е | Loans or loan guarantees by related organization(s)                        | 1e         | No |
|---|--|------------|----|
|   |  |            |    |
| f | Dividends from related organization(s)                                     | 1f         | No |
| g | Sale of assets to related organization(s)                                  | <b>1</b> g | No |
| h | Purchase of assets from related organization(s)                            | 1h         | No |
| i | Exchange of assets with related organization(s)                            | 1i         | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j         | No |
|   |  |            |    |

| f Dividends from related organization(s)   |   | 1f         |     | No  |
|--|---|------------|-----|-----|
| g Sale of assets to related organization(s)  | l | 1g         |     | No. |
| <b>h</b> Purchase of assets from related organization(s)   |   | 1h         | 1   | No  |
| i Exchange of assets with related organization(s)  |   | 1i         | 1   | No  |
| j Lease of facilities, equipment, or other assets to related organization(s)                     |   | 1j         | 1   | No  |
|  | l |            |     |     |
| k Lease of facilities, equipment, or other assets from related organization(s)                   | l | 1k Y       | 'es |     |
| l Performance of services or membership or fundraising solicitations for related organization(s) |   | 11         | 1   | No  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |   | 1m         | 1   | No  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |   | 1n Y       | 'es |     |
| o Sharing of paid employees with related organization(s)   | l | 10 Y       | 'es |     |
|  |   |            |     |     |
| p Reimbursement paid to related organization(s) for expenses                                     |   | <b>1</b> p |     | No  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                              |   | 1q Y       | 'es |     |

(b)

Transaction

type (a-s)

(c)

Amount involved

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

1r

1s

Schedule R (Form 990) 2017

(d) Method of determining amount involved

No

No

(a) Name of related organization

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

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

| <b>(a)</b><br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | 01  | (e) re all partners section 501(c)(3) rganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? | ate | Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) | (j)<br>General d<br>managin<br>partner | g l  | <b>(k)</b><br>Percentage<br>ownership |
|--|--------------------------------|---|---|-----|---|------------------------------------|--|--------------------------------------|-----|--|--|------|---------------------------------------|
|  |                                |   | 514)  | Yes | No  |                                    |  | Yes                                  | No  |  | Yes                                    | No   |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      | _                                     |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  |                                |   |   |     |   |                                    |  |                                      |     |  |  |      |                                       |
|  | •                              |   | •   |     |   | •                                  |  |                                      |     | Schedul  | e R (Forn                              | າ 99 | 0) 2017                               |

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

#### **Additional Data**

### Software ID: **Software Version:**

**EIN:** 52-1347628

| Form | 990, | Sch |
|------|------|-----|
|      |      |     |

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THE WIRELESS FOUNDATION

THE WIRELESS FOUNDATION

THE WIRELESS FOUNDATION

THE WIRELESS FOUNDATION

| Form 990, Schedule R, Part V - Transactions | with Related Organizations |
|---|----------------------------|
| (a)   |                            |
| Name of related                             | organization               |

| l Organizations |     |
|-----------------|-----|
|                 | (b) |

(c) Amount Involved

1,241,421

13,242

193,669

151,117

1,039,875

934,513

114,000

GAAP

GAAP

GAAP

GAAP

GAAP

GAAP

GAAP

Transaction

type(a-s)

В

D

Ν

Ν

0

0

Q

(d)

Method of determining amount involved

Name: CTIA - THE WIRELESS ASSOCIATION