efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493318034538 OMB No 1545-0047

Department of the Treasury

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

Open to Public

nterna	l Reve	nue Service	P Imormation about	er om 550 and its instructions is at www.	VINS GOV/TOTT	<u>11550</u>		Inspection	
A F	or the	e 2017 c		ning 01-01-2017 , and ending 12-3	1-2017				
□ Ad	dress (pplicable change	C Name of organization UNITED STATES TELECOM ASSOCIATION	TION		D Employ 53-015		ication number	
□ Ini	me cha tial ret	-	Doing business as USTELECOM						
		return		all is not delivered to street address) Room/su	ite	E Telephor	ne number		
□Ар	plication	on pending	601 NEW JERSEY AVE NW NO 600			(202) 326-7300			
			City or town, state or province, coun WASHINGTON, DC 20001	try, and ZIP or foreign postal code		G Gross re	ceipts \$ 1	9,689,931	
			F Name and address of principal JONATHAN SPALTER	officer	H(a) Is this	s a group re	turn for		
			601 NEW JERSEY AVE NW NO 60 WASHINGTON, DC 20001	0	subor H(b) Are a includ		es	□Yes ☑No □Yes □No	
[Ta:	x-exen	npt status	☐ 501(c)(3) ☑ 501(c)(6)◀((insert no) 4947(a)(1) or 527			ıst (see	instructions)	
) W	ebsit	:e:▶ WW	W USTELECOM ORG		H(c) Group	exemption	number	•	
K Forr	n of or	rganızatıon	☑ Corporation ☐ Trust ☐ Associ	ciation Other ►	L Year of form	ation 1897	M State	of legal domicile IL	
Pa	rt I	Sumi	mary						
Activities & Governance	- - -	JSTELECC COMMUNI	TIES ARE CONNECTED THROUGH	CAN COMPETE, GROW AND THRIVE TO B THE POWER OF BROADBAND				ENTERPRISES AND	
3				continued its operations or disposed of m g body (Part VI, line 1a)			ssets	18	
ಶ √	l			the governing body (Part VI, line 1b)			4	18	
Пе			,	endar year 2017 (Part V, line 2a)			5	40	
	6	6 Total number of volunteers (estimate if necessary)							
ď	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12			7a	0	
	ь	Net unrel	ated business taxable income from	Form 990-T, line 34			7b	0	
Qı					Pri	or Year		Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)				0	C	
Ravenue	9	Program	service revenue (Part VIII, line 2g)		12,027,0	38	12,030,889	
Αşγ	10	Investme	nt income (Part VIII, column (A),	633,	997	1,948,179			
_	ı		enue (Part VIII, column (A), lines				238	11,549	
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		12,670,	273	13,990,617	
	l	Grants ar	300	52,950					
	l	•		olumn (A), line 4)			0	(
3	ı			nefits (Part IX, column (A), lines 5–10)		7,427,8	384	7,352,569	
Ехрепѕез	Ι.		nal fundraising fees (Part IX, colur	• • •			0		
ă	l		aising expenses (Part IX, column (D), lii	· ———		4 6 4 0		2 222 224	
_	ı		penses (Part IX, column (A), lines	•		4,642,	_	3,889,391	
			enses Add lines 13-17 (must equi	, , , , ,		12,208,		11,294,910	
Net Assets or Fund Balances	19	Revenue	less expenses Subtract line to Iro	m line 12	Beginning	of Current Y		2,695,707 End of Year	
alar	20	Total asse	ets (Part X, line 16)			18,549,0	772	21,994,872	
AB BB			ilities (Part X, line 26)			4,943,0		5,142,903	
ž Š	l		s or fund balances Subtract line 2			13,605,4	_	16,851,969	
Pa			ature Block			,,			
Jndei know	r pena	alties of po and belie	erjury, I declare that I have examı	ned this return, including accompanying Declaration of preparer (other than offic					
		* * * * * * * * * * * * * * * * * * *	ure of officer		201 Dat	8-11-14 e			
Sign Here		, -							
	-		HAN SPALTER PRESIDENT & CEO r print name and title						
		/ P	rınt/Type preparer's name		ate		PTIN		
Paid	t		REDERICK LONGWOOD	FREDERICK LONGWOOD		eck Ll if i -employed	P0043971	5	
	- pare	71 <u> </u>	ırm's name ► TATE AND TRYON	1855942					
	On	1 -	rm's address ▶ 2021 L STREET NW SUI	TE 400	Pho	one no (202)	293-2200		
			WASHINGTON, DC 200	36					
Mav t	he IR	S discuss	this return with the preparer show	n above? (see instructions)			▽ v	′es □No	

Form	990 (2017)				Page 2
Par	t IIII Statement	of Program Service Acc	complishments		
	Check If Sche	dule O contains a response or	note to any line in this Part III		🗆
1		organization's mission	•		
			ALL SIZES - URBAN AND RURAL, PI RICA'S COMMUNICATIONS' NEEDS		
2	Did the organization the prior Form 990 o	, -	gram services during the year which	h were not listed on	□Yes VNo
	If "Yes," describe the	res no			
3	Did the organization services?	☐ Yes ☑ No			
	If "Yes," describe the				
4	Section 501(c)(3) an		nplishments for each of its three lar required to report the amount of g ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, (=			,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program servi				
	(Expenses \$	including (grants of \$) (Revenue \$)
4e	Total program serv	vice expenses ►			

or X as applicable

Checklist of Required Schedules

Page 3

No

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,

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?

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

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

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,"

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

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?

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

No

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No

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Form **990** (2017)

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Νo

Nο

Part IV	Checklist of Required Schedules (continued	1)

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	

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)?

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

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.

organization? 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 🛸

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

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 . . .

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

22

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Form 990 (2017)

Yes

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 3
Fell	Check if Schedule O contains a response or note to any line in this Part V			П
	Check in periodule of contains a response of flote to any line in this fact vir. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 63			
b	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?	1 c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2.	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	.		
		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	The test, to line 3a of 3b, did the organization me form 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a	Yes	
_	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
	provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
u	The less, indicate the number of forms 6262 filed during the year 1. 1. 1.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
g	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		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		.,,
	1. 155, Table Timed a Form 725 to report these payments 21. 116, provide an explanation in schedule of 1. 1.		orm 99	0 (2017

OHIII	1990 (2017)			Page c
Par	Tt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	No" respo	nse to l	ines
				✓
Ca	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	• •	
Se	ection A. Governing Body and Management		V	N.a.
1a	Enter the number of voting members of the governing body at the end of the tax year	18	Yes	No
	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	18		
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? .	on 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 moi members of the governing body?	e 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?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following	y		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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 exemp			
c -	status with respect to such arrangements?	16b		
<u>5e</u> 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.)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 601 NEW JERSEY AVE NW NO 600 WASHINGTON, DC 20001 (202) 326-7300			

orm 990 (2	017)										Page 7
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 current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box 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 former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua 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	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a 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 below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

النائا	Section A. Officers, Direct	tors, irustees	s, key	Emp	1096	<u>ees,</u>	<u>, and</u>	nig'	nest Compen	sate	a employees	(con	tinuea)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	oox, i an of ctor/t	ot ch unle officer trust	heck mo ess pers er and a stee)	rson a	compensation from the organization (ion • (W-	(E) Reportable compensation from related organizations (V	n i [W-	(F) Estima amount of compens from t	ated of other sation the
l		for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MIS	C)	2/1099-MISC))	organizatio relate organiza	:ed
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1b :	Sub-Total			-	<u>.</u>	<u>.</u>		<u>_</u>		\top		7		
сТ	Total from continuation sheets to Pa Total (add lines 1b and 1c)	Part VII, Sectio	on A.		•		▶	_	5,554,078	70		0		342,173
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos					o rec				<u> </u>		<u> </u>
												_	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	J for such individ	idual .	•	٠			•	·			3	;	No
4	For any individual listed on line 1a, is organization and related organization individual										1 the	4	l Yes	ĺ
5	Did any person listed on line 1a receivers rendered to the organization									r ındı	vidual for	Ė	1 100	
S	ection B. Independent Contract	•	lete J.	leuu.) L.	JCII p.c.	/50,.				5		No
1	Complete this table for your five high	nest compensate										mper	nsation	-
	from the organization Report comper	(A)		r year	enc	<u>enit</u>	With 6	r wi			(B)		(C)	
REGE	Name a ENCY COMMERCIAL CONSTRUCTION	and business addre	ess		—						TION SERVICES		Compen:	nsation ,,022,408
	. MUIKIRK MEADOWS DR SUITE D													
	SVILLE, MD 20705 EY AUSTIN LLP								CONSU	ULTIN [,]	G	—	+	330,447
	OX 0642 CAGO, IL 60690													
	HINGTON GROUP SOLUTIONS								SALE C EQUIPM		FICE FURNITURE AN	ND	 	322,611
	W BROAD STREET SUITE 200 S CHURCH, VA 22046								المرحد .	MIEIW.				
	ER SHANDWICK								CONSU	JLTING	G			208,041
	OX 74008263 CAGO, IL 60674											_		
EXEC	CUTIVE WRITING								WRITIN	NG SE	ERVICES			178,096
RIVER	51 PIENZA COURT RSIDE, CA 92503													
	Total number of independent contractor	re (including but	t not lin	nited	to H	nose	a listed	abc	ve) who receive	ad m	ore than \$100 00	വ പ	f	

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

compensation from the organization ▶ 10

Form 9 Part			Revenue									Page 9
		Check If Schedul	e O contains	a respo	onse or not	te to any	(A) Total revenue	Re	(B) elated or exempt	(C) Unrelate business	5	(D) Revenue excluded from
									unction evenue	revenue	te	sx under sections 512-514
इ इ		Federated campaig		1a								
ran		b Membership duesc Fundraising events		1b								
š. G Am		d Related organizatio		1c								
Siffe lar		e Government grants (co		1d 1e								
im.		F All other contributions		l re								
tion er S	'	and similar amounts n above	ot included	1f								
휼	9	g Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$	£			_						
		Total. Add lines 1a-1	.г	• •		Business	Code					I
	22	DUES AND ASSESSMEN	тс		\vdash	business		12,017,889	12.0	17,889		
- ₹ - ₹	_	WEBINARS & CONFEREN					900099	13,000	<u> </u>	13,000		
3	c											
<u>₹</u>	d			_	-							
a	e				F							
Program Service Revenue		All other program se				12,0	30,889		1	I		<u> </u>
<u>~</u>		Total.Add lines 2a-21			<u> </u>		1					
	3 3	Investment income (ii similar amounts) .	ncluding divid	lends, ı •	nterest, ar	nd other •	409	,608				409,608
		Income from investm				eds 🕨						
	5	Royalties	(ı) Rea		 (п) Рег	raanal	11	,064			$-\!\!\!+$	11,064
	6a	Gross rents	(I) Rea	1	(II) Pei	rsonai	-					
		Less rental expenses					_					
	D	Less Tental expenses										
	c	Rental income or (loss)										
	d	Net rental income o	r (loss)			•	1					
		_	(ı) Securi	ties	(11) 0	ther						
	7a	Gross amount from sales of	7,2	234,885		3,000	,					
		assets other than inventory										
	b	Less cost or other basis and	5.6	590,874		8,440	,					
	_	sales expenses		544,011		-5,440	1					
		Gain or (loss) Net gain or (loss)				<u> </u>	1,538	3,571				1,538,571
		Gross income from f	undraising ev	ents								
Other Revenue		(not including \$ contributions reporte		of								
• ठ		See Part IV, line 18										
ď		Less direct expense : Net income or (loss)			ents		J					
the		Gross income from g	amıng actıvıt	_		<u> </u>	1					
0		See Part IV, line 19		а								
	ь	Less direct expense	s	ь			1					
	c	: Net income or (loss)	from gaming	activit	ies	>	<u>, </u>					
	10a	Gross sales of invent returns and allowand										
				a	,							
		Less cost of goods s		b]					
	C	Net income or (loss) Miscellaneous		invent	ory Busines							
	11	amiscellaneous Re				900099	1	485				485
								_				
	b)										
	C											
	ا ـ	All other revenue										
		Total. Add lines 11a			<u> </u>	•						
		! Total revenue. See						485				
					=		13,990	,617	12,030,88	39	0	1,959,728

Part IX Statement of Functional Expenses	
--	--

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns	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			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	52,950			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,370,762			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,194,814			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	341,818			
9 Other employee benefits	131,951			
10 Payroll taxes	313,224			
11 Fees for services (non-employees)				
a Management				
b Legal	780,627			
c Accounting	63,680			
d Lobbying	,			
e Professional fundraising services See Part IV, line 17				
	27,755			
f Investment management fees	1,086,109			
12 Advertising and promotion				
13 Office expenses	33,275			
14 Information technology	187,428			
15 Royalties	107,120			
F	1,335,429			
16 Occupancy	90,706			
17 Travel	90,706			
19 Conferences, conventions, and meetings	100,957			
_ 	100,937			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	131,351			
23 Insurance	104,381			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEMBERSHIP AND DUES	235,821			
b GOVERNMENT AFFAIRS	174,454			
c PRINTING & PUBLICATIONS	72,189			
d RELOCATION	69,728			
e All other expenses	-604,499			
25 Total functional expenses. Add lines 1 through 24e	11,294,910			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. , -			
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

26

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Fund Balances

Assets or 30

Net

End of year

(A)

Beginning of year

1.000

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

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27

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29

30

31

32

33

34

1.526.349

165.023

16.309.526

18,549,072

271.053

253,962

4.418.598

4,943,613

13,605,459

13,605,459

18.549.072

Page **11**

1,000 39.430

4,748

1,522,332

1,641,181

18.786.181

21.994.872

467,101

176,612

4.499.190

5,142,903

16.851.969

16,851,969

21.994.872

Form **990** (2017)

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

1	Cash-non-interest-bearing	1,000	1	
2	Savings and temporary cash investments	512,989	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	34,185	4	
5	Loans and other receivables from current and former officers, directors,			

1,804,951

163,770

4 5 trustees, key employees, and highest compensated employees. Complete Part Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . .

Inventories for sale or use . Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D

b Less accumulated depreciation Investments—publicly traded securities .

10a 10b

10a Land, buildings, and equipment cost or other 11

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

12 13 14

Intangible assets 15 Other assets See Part IV, line 11 16

Total assets.Add lines 1 through 15 (must equal line 34) . . .

17 Accounts payable and accrued expenses 18 Grants payable . . . 19 Deferred revenue . . .

Tax-exempt bond liabilities 20 21

Liabilities 22

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

23

24 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

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

Unsecured notes and loans payable to unrelated third parties .

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 🕨 🗹 and

Other changes in net assets or fund balances (explain in Schedule O) 9

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Nο

No

Form 990 (2017)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 16.851.969 Part XII **Financial Statements and Reporting** ~ 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

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID: Software Version:

EIN: 53-0159345

Name: UNITED STATES TELECOM ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a: GOVERNMENT RELATIONS. THIS DEPARTMENT REPRESENTS THE ASSOCIATION'S INTERESTS BEFORE CONGRESS AND THE ADMINISTRATION. IT ALSO MANAGES THE ASSOCIATION'S POLITICAL ACTION COMMITTEE

Form 990, Part III, Line 4b: LAW, POLICY AND REGULATORY THIS DEPARTMENT REPRESENTS MEMBERS' INTERESTS BEFORE APPROPRIATE REGULATORY BODIES AT THE FEDERAL AND STATE LEVEL WHILE ALSO MANAGING THE ASSOCIATION'S GENERAL COUNSEL FUNCTION.

COMMUNICATIONS & INDUSTRY AFFAIRS. THIS GROUP OVERSEES MEMBER COMMUNICATIONS AND EXTERNAL PRESS RELATIONS AND MANAGES THE USTEL ECOM.

WEBSITE AS WELL AS VARIOUS ELECTRONIC COMMUNICATIONS. IT ALSO PROVIDES EDUCATIONAL OPPORTUNITIES TO OUR MEMBERS.

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 hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

	£ - -							(14) 2 (1000	(14/ 2/1000	avanniantion and	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANAND VADAPALLI CHAIRMAN	2 00	×		х				0	0	0	
BOB UDELL VICE CHAIRMAN	2 00	x		х				0	0	0	
JOHN JONES TREASURER	2 00	×		x				0	0	0	
DARBY MCCARTY SECRETARY	2 00	×		x				0	0	0	
KATHLEEN ABERNATHY BOARD MEMBER (THRU 10/17)	2 00	×						0	0	0	
SCOTT BARBER	2 00	х						0	0	0	

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THERSONER	
DARBY MCCARTY	
SECRETARY	
KATHLEEN ABERNATHY	
BOARD MEMBER (THRU 10/17)	

BOARD MEMBER

ERIC N EINHORN

GARY C GILMER

KEN GLUECK

...... BOARD MEMBER (THRU 10/17)

CHRISTOPHER E FRENCH

BOARD MEMBER (BEG 10/17)

BOARD MEMBER (THRU 10/17)

BOARD MEMBER (BEG 10/17)

and Independent Contractors

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

and Independent Contractors

MARTIN RUBIN

BOARD MEMBER

CRAIG SILLIMAN

BOARD MEMBER

ROYSTER TUCKER III

PAUL H SUNU

YUKIYASU SAKAMOTO

....... BOARD MEMBER

VICE CHAIRMAN (THRU 10/17)

BOARD MEMBER (THRU 10/17)

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBERT HUNT	2 00	×						0	0	0
CHAIRMAN (THRU 10/17), BOARD MEMBER	0 00							3	9	
JACK W KEEN	2 00	×								0
BOARD MEMBER	0 00							0	U	U
RON B MCCUE BOARD MEMBER	2 00	X						0	0	0
BOARD MEMBER	0 00		1							

JACK W KEEN	2 00					
BOARD MEMBER	0 00	×			U	
RON B MCCUE	2 00	.,				
BOARD MEMBER	0 00	×			U	
DAN OVERLAND	2 00				0	
BOARD MEMBER	0 00	_ ×			U	
ROB OUTNN	2 00					

		×	l		l		l o	l o	
BOARD MEMBER	0 00						-		
DAN OVERLAND	2 00	×					0	0	
BOARD MEMBER	0 00	^						5	
BOB QUINN	2 00	V						0	
BOARD MEMBER	0 00	X							
MARTIN RURIN	2 00								

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BOARD MEMBER	0 00	l					Ĭ	Ü	
DAN OVERLAND	2 00	l					0	0	
BOARD MEMBER	0 00	_ ^					U	0	
BOB QUINN	2 00	l 🗸					0	0	
BOARD MEMBER	0 00	^					l o	0	

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

	week (list any hours				or/tr	office ustee))	from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RUSSELL MOORE	2 00									
CHAIRMAN OF THE LEADERSHIP COMMITTEE (BEG 10/17)	0 00	×						0	0	0
MARK D NIELSEN	2 00								_	
BOARD MEMBER (BEG 10/17)	0 00	×						0	0	0
RICHARD RUHL BOARD MEMBER (BEG 10/17)	2 00	×						0	0	0
TONY THOMAS BOARD MEMBER (BEG 10/17)	2 00	×						0	0	0
JASON WILLIAMS VICE CHAIR OF THE LEADERSHIP COMMITTEE	2 00	×						0	0	0
JONATHAN SPALTER PRESIDENT & CEO (BEG 1/2017)	40 00			х				1,426,096	0	34,075
MARK KULISH	40 00									

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0 00 40 00

0 00 40 00

0 00 40 00

0 00

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556,829

173,095

485,032

1,010,182

30,394

24,636

10,307

39,496

JASON WILLIAMS
VICE CHAIR OF THE LEADERSHIP COMMITTEE
JONATHAN SPALTER
PRESIDENT & CEO (BEG 1/2017)

LORNA JOHNSON

ALLISON REMSEN

JONATHAN BANKS

SVP, LAW & POLICY

VP, FINANCE AND ADMIN

SVP, ADMIN & CFO (THRU 6/2017)

EVP & CHIEF OF STAFF (BEG 1/2017)

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

and Independent Contractors

KEVIN RUPY

VP, POLICY

VP, LAW AND POLICY

MARC GONZALES

LYNN FOLLANSBEE

VP, LAW AND POLICY

	,				.,		′	(11) 2 (1000	(11) 2/1000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SALLY AMAN SVP, COMM & PUBLIC AFFAIRS (BEG 4/20	40 00				×			225,179	0	29,540	
GALEN ROEHL SVP OF GOVERNMENT AFFAIRS	40 00				×			264,297	0	28,082	
ROBERT MAYER	40 00					х		409,221	0	32,367	

33,493

15,114

28,706

35,963

232,278

219,651

219,643

SVP, COMM & PUBLIC AFFAIRS (BEG 4/20	0 00						
GALEN ROEHL	40 00						
SVP OF GOVERNMENT AFFAIRS	0 00		X		264,297	0	
ROBERT MAYER	40 00						
				l x	409,221	0	
VP, INDUSTRY/STATE AFFAIRS	0 00				,		
DIANE HOLLAND	40 00						
DIME HOLD MO				Ιx	332,575	0	
VP, LAW AND POLICY	0.00			``			

40 00

0 00 40 00

0 00 40 00

0 00

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493318034538

Open to Public Inspection

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)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED STATES TELECOM ASSOCIATION 53-0159345 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

	that were promptly and directly delivere se (PAC) If additional space is needed, p (b) Address			(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
l				
2				
3				
1				
5				
5				
or Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-F7.	Cat	No E00946 Schodulo C (Form 000 or 000-E7) 2017

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

Part II-B

Volunteers?

Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

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

Taxable amount of lobbying and political expenditures (see instructions)

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

activity

1

b

2a

1

2

1

2

С Total

Part IV

3

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

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

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

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

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

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

If "Yes," enter the amount of any tax incurred under section 4912

(a)

No

Yes

Yes

1

2

No

No

No

12,017,889

2,325,613

1.059.952

3,385,565

4,784,132

-1.398.567

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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

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

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2017

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

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

DLN: 93493318034538 OMB No 1545-0047

53-0159345

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES TELECOM ASSOCIATION

(Form 990)

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

Open to Public Inspection **Employer identification number**

Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		
	Complete if the organization answered Te	(a) Donor advised funds	
1	Total number at end of year	(,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in	n donor advised funds are the
6	organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor	clusive legal control? onor advisors in writing that grant	$\hfill \square$ Yes $\hfill \square$ No funds can be used only for
	private benefit?		☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if the	ne organization answered "Yes	" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	Preservation of land for public use (e g , recreation	n or education)	ation of an historically important land area
	Protection of natural habitat	☐ Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	gualified concernation contributions	un the form of a concernation
_	easement on the last day of the tax year	qualified conservation contribution	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 8/17/06, and not on a hi	storic 2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or term	inated by the organization during the
4 5	Number of states where property subject to conservation. Does the organization have a written policy regarding the same enforcement of the conservation easements it holds. Staff and volunteer hours devoted to monitoring, inspect	ne periodic monitoring, inspection, s?	☐ Yes ☐ No
6	-		
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, and enforci	ng conservation easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)^2$	above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's fina	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or res	search in furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(1	i)Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS		ts for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 52283D Schedule D (Form 990) 2017

Pai	t IIII	Organizations Maintaining Col	lections of Art,	, Histori	ical T	reas	ures, or	Other	Similar A	ssets (continued	')
3		the organization's acquisition, accessions (check all that apply)	n, and other record	ds, check	any of	the fo	ollowing t	hat are a	significant i	use of its	s collectio	n
а		Public exhibition		d		Loar	or excha	ange prog	ırams			
b		Scholarly research		e		Othe	er					
С		Preservation for future generations										
4	Provi Part :	de a description of the organization's col XIII	llections and explai	ın how th	ey furt	her th	e organız	ation's ex	xempt purpo	se in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							nılar	☐ Ye	es 🗆	No
Pa	rt IV						_					
		Complete if the organization answ X, line 21.	vered "Yes" on F	orm 990), Part	: IV, I	ine 9, or	reporte	ed an amoi	ant on F	orm 990	J, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interm	ediary for	contri	bution	ns or othe	er assets	not	☐ Ye	es 🗌	No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table		Γ		Α	mount		
С	Begir	nning balance	·				Ī	1c				
d	Addıt	ions during the year					Ī	1d				
e	Dıstrı	butions during the year					Ī	1e				
f	Endır	ng balance					[1f				
2 a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, lir	ne 21, for	escrov	v or cı	ustodial a	ccount lia	ability?	☐ Ye	·	No.
b	If "Ye	es," explain the arrangement in Part XIII]
Pa	art V	Endowment Funds. Complete If	the organization	n answei	red "Y	es" o						
	_		(a)Current year	(b)P	rior yea	ır	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four y	ears back
	-	ning of year balance		+								
		outions				_						
		vestment earnings, gains, and losses										
		or scholarships										
	and pr	expenditures for facilities ograms										
		istrative expenses										
g		year balance										
2		de the estimated percentage of the curre	ent year end balan	ce (line 1	g, colu	mn (a	i)) held as	s				
а		d designated or quasi-endowment >										
b		anent endowment ▶										
C	•	oorarily restricted endowment >										
_		percentages on lines 2a, 2b, and 2c shou	•									
3а		here endowment funds not in the posses nization by	ssion of the organiz	ation tha	ι are h	ieid ar	ia admini	scerea ro	r the		Ye	s No
	-	nrelated organizations								3	a(i)	
		elated organizations								37	a(ii)	
b		es" on $3a(II)$, are the related organization	·			۱۶.				:	3b	
4		ribe in Part XIII the intended uses of the		dowment	funds							
Pa	rt VI	Land, Buildings, and Equipmen		orm 000) Dort	· T\/	ıno 11a	Coo For	rm 000 Da	ve+ V lur	20.10	
	Descri	Complete if the organization answ iption of property (a) Cost or oth (investme	her basis (b) Co	ost or other					depreciation		(d) Book va	alue
1a	Land											
	Buildin											
		nold improvements			1,2	60,711			53,964			1,206,747
		nent				-	1					
	Other				5-	44,240	1		109,806			434,434
		lines 1a through 1e (Column (d) must e	gual Form 990. Pa	rt X, colui					<u>, </u>			1,641,181

Schedule D (Form 9					Page 3
	stments—Other Securities. Complete if the orga Form 990, Part X, line 12.	anızatıc	on ansv	wered "Yes" on Form 990, Part IV, line 11b.	
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial deriva (2) Closely-held ed (3)Other		·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	ust equal Form 990, Part X, col (B) line 12)	•			
Part VIII Inve	estments—Program Related. Iplete if the organization answered 'Yes' on Form 9	90, Par	rt IV, lı	ine 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Boo	k value	(c) Method of valuation Cost or end-of-year market value	
(1)				,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ust equal Form 990, Part X, col (B) line 13)				
Part IX Othe	er Assets. Complete if the organization answered 'Yes' o (a) Description	on Form	990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book valu	ue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col (B) line 15)				
	er Liabilities. Complete if the organization answer Form 990, Part X, line 25.	ed 'Yes	on Fo	orm 990, Part IV, line 11e or 11f.	
1.	(a) Description of liability		(b) B	Book value	
(1) Federal income DEFERRED RENT	taxes			1,804,536	
ACCRUED PENSION	BENEFITS			2,694,654	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ust equal Form 990, Part X, col (B) line 25)	<u> </u>		4,499,190	
	ertain tax positions In Part XIII, provide the text of the foilty for uncertain tax positions under FIN 48 (ASC 740) Ch				

Part XI

2

а

b

c

1

2

c

d

е

b

5

Part XIII

See Additional Data Table

3

4

Schedule D (Form 990) 2017

Page 4

550,803

22,315

13,990,617

11,272,595

5,440

27,755

11.294.910

Schedule D (Form 990) 2017

11,267,155

13,968,302

d 2d 2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2a 2b

2c

2d

4a

4b

Explanation

550.803

-5,440

5,440

27,755

4c

2e

3

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 27.755

4b

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

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

Add lines **4a** and **4b**

b c

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

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

Net unrealized gains (losses) on investments

Donated services and use of facilities

5

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

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

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**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

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

Page 5		Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 53-0159345

Name: UNITED STATES TELECOM ASSOCIATION

Explanation

Supplemental Information

Return Reference

PART XI, LINE 4B - OTHER LOSS ON DISPOSAL TREATED AS EXPENSE FOR AFS PURPOSES -5,440 ADJUSTMENTS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL TREATED AS EXPENSE FOR AFS PURPOSES 5,440

Sı

efile GRAPHIC print - DO	O NOT PROCESS	As Filed Data -					DLI	N: 934933180	34538
Schedule I (Form 990)			Other Assistan	_	· ·		0	2017	47
Department of the Treasury Internal Revenue Service	Co ▶ Infor	Open to Public Inspection							
Name of the organization UNITED STATES TELECOM ASS	OCIATION						•	ation number	
Part I General Infor	mation on Grants	and Assistance				53-01	59345		
Does the organization mathematical the selection criteria used	aıntaın records to sub d to award the grants	stantiate the amount of or assistance?	the grants or assistance,		for the grants or assistant	ce, and		☑ Yes	□ No
			and Domestic Governme ditional space is needed	ents. Complete if the o	rganization answered "Yes	" on Form 990,	Part IV, line	21, for any recip	ent
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri noncash as		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of sec3 Enter total number of oth		-					▶		5
For Paperwork Reduction Act No				Cat No 50055			Scho	edule I (Form 990)) 2017

Schedule I (Form 990) 2017						Page 2			
Part III Grants and Other As				anization answered "Yes"	on Form 990, Part IV, line 22				
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)			1						
(7)									
Part IV Supplemental	Information	on. Provide the in	formation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.			
Return Reference	Explanation	on							
PART I, LINE 2	WHICH CON	LECOM MAKES CONTRIBUTIONS PRIMARILY TO CHARITABLE ORGANIZATIONS AN ANNUAL BUDGET IS ESTABLISHED AND SENIOR MANAGEMENT PRIORITIZES H CONTRIBUTIONS WILL BE MADE RECORDS ARE MAINTAINED TO SUBSTANTIATE AMOUNTS OF CONTRIBUTIONS AND INVOICES ARE REVIEWED TO ASSURE RIBUTIONS ARE NOT DEEMED POLITICAL, ARE MADE TO 501C3 ORGANIZATIONS, ETC USTELECOM TYPICALLY DOES NOT ATTEMPT TO AUDIT ACTUAL USE OF RIBUTIONS BY THE RECEIVING ORGANIZATION							

Schedule I (Form 990) 2017

Additional Data

911 2ND STREET NE WASHINGTON, DC 20002

CAUCUS

Form 990,Schedule I, Part	II, Grants and	Name:	: : 53-0159345 : UNITED STATES TE				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGRESSIONAL BLACK CAUCUS 1720 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	52-1160561	501(C)(3)	5,000				PROGRAM SUPPORT
CONGRESSIONAL HISPANIC	52-1114225	501(C)(3)	5,000				PROGRAM 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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1755403 501(C)(3) 13.500 PROGRAM SUPPORT HORTON'S KIDS 100 MARYLAND AVE NE SUITE 520 WASHINGTON, DC 20002

PROGRAM SUPPORT

18.000

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

501(C)(3)

MARCH OF DIMES

FOUNDATION PO BOX 62770 BALTIMORE, MD 21264 13-1846366

(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

501(C)(3) 5.100 MIRIAM'S KITCHEN 52-1331552 IPROGRAM SUPPORT

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

2401 VIRGINIA AVE NW WASHINGTON, DC 20037

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	8034	538
Schedule J (Form 990)		C	OMB No 1545-004					
		For certain Offic Complete if the org	2017 Open to Public					
•	tment of the Treasurv al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at		ectio	
	ne of the organiz				Employer identificat	ion nu	ımber	
ONI	TED STATES TELECO	JM ASSOCIATION			53-0159345			
Pa	rt I Questi	ons Regarding Compensa	ation					
1a				the following to or for a person liste 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	nal residence			
	Tax idemi	nification and gross-up paymen	ts 🔲	Health or social club dues or initiati	on fees			
	Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e 1a?			
3	organization's C	EO/Executive Director Check a	ill that apply Don	d to establish the compensation of to not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee	✓	Written employment contract				
	✓ Independ	ent compensation consultant	$oldsymbol{ olimits}$	Compensation survey or study				
	☐ Form 990	of other organizations	✓	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	Yes	
b	Participate in, o	r receive payment from, a supp	lemental nonquali	fied retirement plan?		4b		No
C	•	r receive payment from, an equ		_		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	id provide the app	licable amounts for each item in Par	t III			
	Only 501(c)(3), 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 on Form 990, Part VII, Section on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	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 folk	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	rm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2017

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii) Do not list any individuals that are not listed on Form 9 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	990	, Part VII	•	``	· ·	·		vidual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table		•			•			

Schedule J (Form 990) 2017								
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							
PART I, LINE 4A	SEVERANCE MARK KULISH, \$300,449							

1JONATHAN SPALTER

1/2017)

6/2017)

1MARK KULISH

2LORNA JOHNSON

3ALLISON REMSEN

4JONATHAN BANKS

SVP, LAW & POLICY

SVP, COMM & PUBLIC AFFAIRS (BEG 4/20

SVP OF GOVERNMENT

VP, INDUSTRY/STATE

VP, LAW AND POLICY

VP, LAW AND POLICY

10MARC GONZALES

11LYNN FOLLANSBEE

VP, LAW AND POLICY

8DIANE HOLLAND

9KEVIN RUPY

VP, POLICY

5SALLY AMAN

6GALEN ROEHL

AFFAIRS 7ROBERT MAYER

AFFAIRS

EVP & CHIEF OF STAFF (BEG 1/2017)

PRESIDENT & CEO (BEG

SVP, ADMIN & CFO (THRU

VP, FINANCE AND ADMIN

Software ID: **Software Version:**

EIN: 53-0159345

124,489

310,501

390

270

255

390

390

390

390

compensation

3,240

19,124

12,425

3,240

19,571

2,565

7,704

19,864

9,720

13,394

14,363

7,553

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(B)(i)-(D)

1,462,267

589,831

200,418

503,025

1,056,768

261,015

297,439

448,145

372,756

253,267

254,082

261,517

32,931

13,878

14,898

14,753

27,015

33,271

25,438

19,060

30,461

7,595

20,068

34,321

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

Other reportable

compensation

m 990, Schedule J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees	
A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits	

(1)

(11)

(1)

(11)

(1)

(1)

(III)

(1)

(1)

(1)

(II)

(1)

Name: UNITED STATES TELECOM ASSOCIATION

901,607

128,948

156,938

399,642

460,961

203,549

210,515

301,713

264,066

210,103

202,515

197,468

400,000

117,380

16,157

85,000

548,951

21,375

53,392

107,508

68,509

21,785

16,746

21,785

Bonus & incentive

compensation

efile GRAPH	93493318034538							
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2017 Open to Public Inspection							
	anization ELECOM ASSOCIATION O, Supplemental Information	on		Employer identif	fication number			
Return Reference			Explanation					
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL HAVE FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS ON ALL MATTERS EXCEPT THOSE EXCLUSIVELY RESERVED TO THE BOARD OF DIRECTORS BY THE BYLAWS OR THE OPERATION OF LAW							

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THE ASSOCIATION IS DIVIDED INTO THREE CLASSES ACTIVE, INTERNATIONAL, AN D ASSOCIATE (A) ACTIVE MEMBERS OF THE ASSOCIATION SHALL INCLUDE COMPANIES THAT OWN OR OPE RATE FACILITIES-BASED COMMUNICATIONS NETWORKS IN THE UNITED STATES AND/OR ITS TERRITORIES (B) INTERNATIONAL MEMBERS SHALL INCLUDE COMPANIES THAT OWN OR OPERATE FACILITIES-BASED COMMUNICATIONS NETWORKS OUTSIDE THE BOUNDARIES OF THE UNITED STATES OR ITS TERRITORIES (C) ASSOCIATE MEMBERS SHALL INCLUDE (I) COMPANIES ENGAGED IN PROVIDING VOICE, VIDEO, ENTERTAIN MENT, CONTENT, OR BROADBAND SERVICES OR APPLICATIONS, (II) COMPANIES ENGAGED IN THE BUSINE SS OF SOFTWARE OR EQUIPMENT DESIGN, SERVICING, MANUFACTURING, OR SUPPLY, AND (III) CONSULT ANTS THE RIGHT TO VOTE SHALL BE LIMITED TO THE REPRESENTATIVES OF ACTIVE MEMBERS THESE MEMBERS SHALL HAVE THE RIGHT TO APPROVE NOMINATIONS TO THE BOARD OF DIRECTORS MADE BY THE LEADERSHIP COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NUMBER OF DIRECTORS SHALL BE NO FEWER THAN 18 AND NO MORE THAN 25 EACH DIRECTOR SHALL BE AN EXECUTIVE OF STATURE OF A MEMBER OF THE ASSOCIATION (A) THE SIX LARGEST ACTIVE MEM BERS (BASED ON REVENUES) THAT COMMIT TO HAVE THE ASSOCIATION REPRESENT THEM AS THEIR PRINC IPAL TRADE ASSOCIATION EACH SHALL HAVE THE RIGHT TO DESIGNATE AN EXECUTIVE OF STATURE TO SERVE AS A DIRECTOR (B) SIX DIRECTORS SHALL BE ELECTED FROM AMONG EXECUTIVES OF STATURE OF ACTIVE MEMBERS THAT COMMIT TO HAVE THE ASSOCIATION REPRESENT THEM AS THEIR PRINCIPAL TRADE ASSOCIATION PURSUANT TO NOMINATION BY THE LEADERSHIP COMMITTEE (C) SIX DIRECTORS SHALL BE ELECTED FROM AMONG EXECUTIVES OF STATURE OF ACTIVE MEMBERS THAT COMMIT TO HAVE THE ASSOCIATION PURSUANT TO NOMINATION BY THE EXECUTIVE COMMITTEE (D) UP TO SEVEN NON-VOTING DIRECTORS MAY BE ELECTED FROM AMONG EXECUTIVES OF STATURE OF INTERNATIONAL MEMBERS AND/OR ASSOCIATE MEMBERS PURSUANT TO NOMINATION BY THE EXECUTIVE COMMITTEE

Return Explanation
Reference

FORM 990, THE BYLAWS OF THE ASSOCIATION MAY BE ALTERED, AMENDED, OR REPEALED AND NEW BYLAWS MAY BE A DOPTED BY A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS PRESENT AT ANY REGULAR OR SP SECTION A, ECIAL MEETING AT WHICH A QUORUM IS PRESENT

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE 990 IS INITIALLY PREPARED BY THE ASSOCIATION'S EXTERNAL AUDITORS, WITH DATA PROVIDED P
RIMARILY BY THE USTELECOM FINANCE DEPARTMENT A DRAFT IS THEN CIRCULATED FOR REVIEW TO THE
SVP, LAW AND POLICY, THE CHIEF OF STAFF AND THE VP OF FINANCE AND ADMIN ONCE THESE PARTI
ES HAVE SIGNED OFF ON THE DRAFT, IT IS SENT TO THE PRESIDENT & CEO FOR HIS REVIEW BEFORE
THE 990 IS FILED, IT IS DISCUSSED AT AN EXECUTIVE COMMITTEE MEETING OF THE BOARD AND MADE
AVAILABLE FOR REVIEW BY COMMITTEE MEMBERS EXTERNAL AUDITORS THEN FINALIZE THE RETURN AND
THE USTELECOM FINANCE DEPARTMENT VIA CERTIFIED MAIL SENDS IT TO THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WE REQUIRE BOARD MEMBERS AND SENIOR STAFF TO ATTEST IN WRITING EACH YEAR THAT THEY ARE IN CONFORMANCE WITH OUR CONFLICT OF INTEREST POLICY FURTHER, OUR EMPLOYEE HANDBOOK CONTAINS OUR CONFLICT OF INTEREST POLICY AND ALL STAFF MUST SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED, READ AND UNDERSTAND THE MATERIAL CONTAINED IN THE EMPLOYEE HANDBOOK AND WILL ABI DE BY ITS GUIDANCE WITH RESPECT TO ANY POTENTIAL CONFLICT OF INTEREST INVOLVING A MEMBER OF THE BOARD OF DIRECTORS OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE EXECUTIVE COMM ITTEE OF THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXIST S, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF USTE LECOM A COVERED OFFICIAL WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, O R OTHERWISE PARTICIPATE IN SUCH DETERMINATION IF THE BOARD OF DIRECTORS DETERMINES THAT A N ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN A PPROPRIATE REMEDY SUCH REMEDY MAY INCLUDE, FOR EXAMPLE, THE RECUSAL OF THE CONFLICTED COVERED OFFICIAL FROM PARTICIPATING IN CERTAIN MATTERS PENDING BEFORE THE BOARD OR OTHER USTE LECOM BODY ONLY DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE MAY PARTICIPATE IN ANY R EVIEW THE EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF ITS DETERMINATION AND RECOMMENDED ACTION THE BOARD SHALL RETAIN THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION, AND SHALL RETAIN THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION, AND SHALL RETAIN THE PRESIDENT AND CEO OF USTELECOM WITH APPROPRIATE CONSULTATION, SHALL DETERMINE WHETHER SUCH CONFLICT EXISTS AND WHAT IS THE APPROPRIATE CONSULTATION, SHALL DETERMINE WHETHER SUCH CONFLICT EXISTS AND WHAT IS THE APPROPRIATE REMEDY AND SHALL EXERC ISE ITS AUTHORITY WITH RESPECT TO THE REVIEW OF THAT DECISION OR MAY REFER IT TO THE FULL BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE PRESIDENT & CEO IS SET THROUGH A PROCESS OF THE EXECUTIVE COMMITTEE OF THE BOARD WHICH INCLUDES ESTABLISHMENT OF ANNUAL GOALS AND ASSESSMENT OF THEIR ACHIEVEMEN T THE PRESIDENT & CEO OPERATES UNDER THE AUTHORIZED EMPLOYMENT CONTRACT OF THE EXECUTIVE COMMITTEE OF THE BOARD COMPENSATION OF STAFF HAS PREVIOUSLY BEEN REVIEWED BY AN INDEPENDE NT CONSULTING PROCESS, WHICH INCLUDED MARKET COMPARABILITY STUDIES BASED ON POSITION REQUI REMENTS AT SIMILARLY SITUATED ORGANIZATIONS ANNUAL INCREASES AND BONUSES ARE BASED ON PER FORMANCE AGAINST BOARD APPROVED GOALS AND ARE DETERMINED BY AN INTERNAL COMPENSATION COMMITTEE THAT IS COMPRISED OF MEMBERS OF THE SENIOR STAFF (NO INTERNAL COMMITTEE MEMBER PARTIC IPATES IN HIS/HER OWN COMPENSATION DISCUSSION)

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE PART VI, AVAILABLE TO THE GENERAL PUBLIC HOWEVER, THE ORGANIZATION DOES HAVE A PROCESS FOR PROVID SECTION C, ING COPIES ON A CASE BY CASE BASIS
LINE 19

Return Explanation
Reference

FORM 990, THERE HAS BEEN NO CHANGE IN THE AUDIT OVERSIGHT PROCEDURES FROM THE PRIOR YEAR PART XII, LINE 2C

Return Reference	Explanation
FORM 990, PART III, LINE 1 CONTINUATION	OUR MEMBER COMPANIES HAVE COMMITTED A CONSIDERABLE AMOUNT OF RESOURCES AND INVESTMENT TO D ELIVER HIGH-SPEED BROADBAND TO U S HOUSEHOLDS, AND EXPAND SERVICE ACCESS ACROSS THE NATIO N THEY ARE ALSO ACTIVELY ENGAGED IN DEVELOPING AND MAINTAINING INNOVATIVE PARTNERSHIPS TO BETTER SERVE CONSUMERS REDUCING BARRIERS AND MILDING A NETWORK INFRASTRUCTURE THAT EN COURAGES AND SUPPORTS BROADBAND CONNECTIVITY FOR ALL AMERICANS IN ADDITION, USTELECOM MEM BERS HAVE LONG DEMONSTRATED THEIR MULTI-BILLION DOLLAR COMMITMENT TO WORKING WITH MINORITI ES, WOMEN, SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISES, AND SMALL BUSINESSES EN COURAGING SUPPLIER RELATIONSHIPS WITH MINORITY-OWNED VENDOR SOURCES WHENEVER POSSIBLE THAT CAN PROVIDE COMPETITIVE PRICES, QUALITY AND SERVICE BROADBAND TECHNOLOGY HAS ENRICHED THE NATION'S ECONOMY, EDUCATION, HEALTH CARE AND MORE, DRIVING A HIGHER QUALITY OF LIFE FOR ALL AMERICANS AS A RESULT OF THE INDUSTRY'S COMMITMENT TO ONGOING INVESTMENT TO EXTEND HIGH-SPEED INTERNET SERVICES AND APPLICATIONS, A ROBUST BROADBAND INFRASTRUCTURE IS NOW AVAIL LABLE COAST-TO-COAST USTELECOM UNITES AMERICA'S BROADBAND SERVICE PROVIDERS ACROSS OUR ME MBERSHIP IN THE ADVOCACY OF PRO-INVESTMENT POLICIES THAT PROMOTE BROADBAND ACCESS AND EXPANSION, AND PROVIDE VALUABLE SERVICES AND PLATFORMS TO EVERY AMERICAN THE TELECOM SECTOR HAS BEEN ACTIVELY ENGAGED IN A NUMBER OF EFFORTS TO ADVANCE BROADBAND ADOPTION AND EXPAND HIGH-SPEED INTERNET TO AREAS ACROSS THE COUNTRY USTELECOM IS ALSO COMMITTED TO PROVIDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND ONLINE TECHNICAL EDUCATION IN ADDITION, WE STRIVE TO KEEP THE PUBLIC INFORMED AND UPDATED ON THE STATE OF THE COMMUNICATIONS MARKETPLACE, WHILE PROVIDING HIGH-QUALITY RESEARCH AND INFORMATION ON THE BROADBAND INDUSTRY THROUGH WEEKLY NEWSLETTERS AND STRATEGIC CEO UPDATES, OUR ASSOCIATION OFFERS ACCESS TO INVALUABLE INDUSTRY RESOURCES

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Related Organizations and Unrelated Partnerships

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

2017

Employer identification number

DLN: 93493318034538

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

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

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

UNITED STATES TELECOM ASSOCIATION 53-0159345 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (f) Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (d) (f) (g) (c) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512 or foreign country) (if section 501(c)(3)) entity (b)(13) controlled entity? Yes No (1) UNITED STATES TELECOM ASSOCIATION FOUNDATION PROVIDE EDUCATIONAL DC 501(C)(3) 509(A)(3) US TELECOM ASSOCIATION No 601 NEW JERSEY AVE NW 600 PROGRAMS ON TELECOMMUNICATIONS WASHINGTON, DC 20001 TECHNOLOGY 52-1691824 (2) UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE PROVIDE FEDERAL CAMPAIGN DC US TELECOM ASSOCIATION 527(F) No 601 NEW JERSEY AVE NW 600 CONTRIBUTIONS WASHINGTON, DC 20001 (3) UNITED STATES TELEPHONE ASSOCIATION 501(C)(9) TRUST FUND HEALTH BENEFIT PLANS FOR DC 501(C)(9) US TELECOM ASSOCIATION No 601 NEW JERSEY AVE NW 600 ELIGIBLE EMPLOYEES, DEPENDENTS AND RETIREES WASHINGTON, DC 20001 52-1851497 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Figing ((k) Percent owners
								Yes	No		Yes	No	
												\perp	
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Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line .	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13	(ı) tion 5) cont entity
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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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ı		\top
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a	No
b Gift, grant, or capital contribution to related organization(s)		1b	No
c Gift, grant, or capital contribution from related organization(s)		1c	No
d Loans or loan guarantees to or for related organization(s)		1d	No
e Loans or loan guarantees by related organization(s)		1e	No
f Dividends from related organization(s)		1f	No
g Sale of assets to related organization(s)		1g	No
h Purchase of assets from related organization(s)		1h	No
i Exchange of assets with related organization(s)		1i	No
i lease of facilities, equipment, or other assets to related organization(s)		1i	No

(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

Performance of services or membership or fundraising solicitations for related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

 ${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) . . .

(a)

Name of related organization

r Other transfer of cash or property to related organization(s).

Page 3

No

No

No

No

No No

No

No

11

1m 1n Yes

10

1q

1r

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage 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